UnitedHealthcare Community Plan

Reimbursement Policy
CMS-1500
UB04
Policy Number 2026R8102D

Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the UB-04 Form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or their electronic equivalents or their successor forms. This policy applies to all products, all network and non-network providers, including, but not limited to, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, physicians, and other qualified health care professionals.

Policy

Overview

This policy describes the reimbursement methodology for fecal analysis for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria.

Reimbursement Guidelines

NOTE: Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

UnitedHealthcare will not consider reimbursement of the following diagnostic testing procedure codes for fecal analysis in suspected or determined intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria.

Procedure Code(s)

82542	82705	82710	82715	83986	84311
87076	87077	87102	87106	89160	S3708

Fecal Analysis components include:

a. Triglycerides
b. Chymotrypsin
c. Iso-butyrate, iso-valerate, and n-valerate
d. Meat and vegetable fibers
e. Long chain fatty acids
f. Cholesterol
g. Total short chain fatty acids
h. Quantification of Lactobacilli, bifidobacteria, and E. coli and other "potential pathogens," including Aeromona, Bacillus cereus, Campylobacter, Citrobacter, Klebsiella, Proteus, Pseudomonas, Salmonella, Shigella, S. aureus, Vibrio
i. For the identification and quantitation of fecal yeast (including C. albicans, C. tropicalis, Rhodoptorul and Geotrichum)
j. N-butyrate
k. Beta-glucoronidase
l. pH
m. Short chain fatty acid distribution (adequate amount and proportions of the different short chain fatty acids reflect the basic status of intestinal metabolism)
n. Fecal secretory IgA

State Exceptions	
Arizona	Arizona is exempt from this policy.
Idaho	Idaho is exempt from this policy.
Indiana	Indiana is exempt from this policy.
Maryland	Maryland is exempt from this policy.
Massachusetts	Massachusetts is exempt from this policy.
Missouri	Missouri is exempt from this policy.
Nebraska	Nebraska is exempt from this policy.
Ohio	Ohio is exempt from this policy.
Pennsylvania	Per PA DHS fee schedule the following procedure codes are allowable: 82542, 82705, 87210, 83986, 87076 ,87077 and 87102
Rhode Island	Rhode Island is exempt from this policy.
Texas	Texas is exempt from this policy.
Washington DC	Washington DC is exempt from this policy.
Washington	Washington is exempt from this policy.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

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Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

History	
8/16/2026	Policy Version Change State Exceptions: Removed Kentucky & Tennessee
7/19/2026	Policy Version Change State Exceptions: Removed Colorado, Kansas, New Jersey, New York & North Carolina
5/1/2026	Policy Version Change State Exceptions: Added Pennsylvania
5/1/2026	Policy implemented by UnitedHealthcare Community & State
2/2/2026	Policy Published
8/26/2025	Policy approved by the Reimbursement Policy Oversight Committee

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