



If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

***Helicobacter pylori* Testing**

Policy Number: CPCPLAB018

Version 1.0

Approval Date: April 12, 2023

Plan Effective Date: June 15, 2023

Description

BCBSNM has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. For individual 18 years of age and older, urea breath testing OR stool antigen testing to diagnose an *H. pylori* infection **may be reimbursable** in the following situations:
 - a. :
 1. For individuals with dyspeptic symptoms,
 - b. For individuals with active peptic ulcer disease (PUD),
 - c. For individuals with past PUD without *H. Pylori* history,

- d. For individuals with low-grade gastric mucosa-associated lymphoid tissue (MALT) lymphoma,
 - e. For individuals with a history of endoscopic resection of early gastric cancer (EGC),
 - f. For individuals with gastric intestinal metaplasia (GIM),
 - g. For individuals with uninvestigated dyspepsia who are under the age of 60 years and without alarm features,
 - h. For individuals initiating chronic treatment with a non-steroidal anti-inflammatory drug (NSAID),
 - i. For individuals with unexplained iron deficiency anemia,
 - j. For the evaluation of individuals with chronic immune thrombocytopenic purpura (ITP) and suspected *H. pylori* infection.
 - k. For individuals with a family history of gastric cancer
 - l. For individuals who are first-generation immigrants from high prevalence areas
2. For individuals 18 years of age and older, urea breath testing or stool antigen testing to measure the success of eradication of *H. pylori* infection (follow-up measurement at least 4 weeks post-treatment) **may be reimbursable** in **any** of the following situations:
 - i. For individuals with an *H. pylori*-associated ulcer.
 - ii. As part of the follow-up of for individuals with persistent symptoms of dyspepsia following appropriate antibiotic treatment for *H. pylori*.
 - iii. For individuals with Gastric MALT Lymphoma.
 - iv. For individuals who have undergone resection of early gastric cancer.
 3. For individual 18 years of age and older undergoing endoscopic examination or who have alarm symptoms, a biopsy-based endoscopic histology test and **either** a rapid urease test **or** a culture with susceptibility testing to diagnose an *H. pylori* infection **may be reimbursable**.
 4. For individuals less than 18 years of age, urea breath testing **OR** stool antigen testing to diagnose an *H. pylori* infection **may be reimbursable** in the following situations:
 - a. For individuals with chronic immune thrombocytopenic purpura (ITP) and suspected *H. pylori* infection.
 - b. To measure the success of eradication of *H.pylori* infection (follow-up measurement at least 4 weeks post-treatment).
 5. For individuals less than 18 years of age, a biopsy-based endoscopic histology test and **either** a rapid urease test **or** a culture with susceptibility testing to diagnosis an *H. pylori* infection **may be reimbursable** in **any** of the following situations:
 - a. For individuals with gastric or duodenal ulcers
 - b. For individuals with refractory iron deficiency anemia (when other causes have been ruled out).
 6. Urea Breath testing OR stool antigen testing to diagnose an *H. pylori* infection **is not reimbursable** for any of the following situations:
 - a. For asymptomatic individuals of all ages
 - b. For individuals 18 years and older with typical symptoms of gastroesophageal reflux disease (GERD) who do not have a history of peptic ulcer disease (PUD)
 7. For individuals of all ages, serologic testing for *H. pylori* infection **is not reimbursable**.
 8. For individuals less than 18 years of age, a biopsy-based endoscopic histology test and a rapid urease test **or** a culture with susceptibility testing to diagnose an *H. pylori* infection **is not reimbursable** in **any** of the following situations:

- m. For children with functional abdominal pain
 - n. As part of initial investigation in children with iron deficiency anemia
 - o. When investigating causes of short stature
9. For individuals with recent use of antibiotics, proton pump inhibitors (PPIs), or bismuth, the urea breath test, stool antigen **or** biopsy-based testing to diagnose an *H. pylori* infection is **not reimbursable**.
10. To diagnose an *H. pylori* infection, concurrent testing with any combination of the urea breath test, stool antigen testing, **or** biopsy-based testing is **not reimbursable**
11. Nucleic acid testing for *H. pylori* is **not reimbursable**.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
83009, 83013, 83014, 86318, 86677, 87070, 87077, 87081, 87149, 87150, 87153, 87181, 87186, 87205, 87338, 87339, 88305, , 0008U

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Policy Update History:

11/1/2022	New policy
6/15/2023	Document updated with literature review. Reimbursement information revised for clarity. Added #3: For individual 18 years of age and older undergoing endoscopic examination or who have alarm symptoms, a biopsy-based endoscopic histology test and either a rapid urease test or a culture with susceptibility testing to diagnose an H. pylori infection may be reimbursable. References revised; some added, others removed.