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Article Title: Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)

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Article Text:

This Billing and Coding Article provides billing and coding guidance for gastrointestinal pathogen (GIP) panels using nucleic acid amplification techniques (NAATs). Refer to the Novitas Local Coverage Determination (LCD) L38229 Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) for reasonable and necessary requirements and frequency limitations.

The Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code(s) may be subject to National Correct Coding Initiative (NCCI) edits. This information does not take precedence over NCCI edits. Please refer to NCCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

Coding Guidelines

A GIP test panel is a single service with a single unit of service (UOS=1). A GIP test **panel must not be unbundled and billed as individual components** regardless of the fact that the GIP test panel reports multiple individual pathogens and/or targets.

Frequency Limitations

Medicare will allow only one GIP multiplex panel (CPT code 87505, 87506, 87507 or 0097U) per day per beneficiary by the same or different provider consistent with the related LCD.

Repeat NAAT testing within 7 days during the same episode of diarrhea will be denied (any combination of CPT codes 87505, 87506, 87507 or 0097U) when initial test result is negative.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all

Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999 Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999 Not Applicable

CPT/HCPCS Codes:

Group 1 Paragraph:

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Medicare is establishing limited coverage for outpatient testing of GIP panels as outlined in the related LCD.

Group 1 CPT Codes:

[87505](#)

INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHOGEN (EG, CLOSTRIDIUM DIFFICILE, E. COLI, SALMONELLA, SHIGELLA, NOROVIRUS, GIARDIA), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 3-5 TARGETS

[87506](#)

INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHOGEN (EG, CLOSTRIDIUM DIFFICILE, E. COLI, SALMONELLA, SHIGELLA, NOROVIRUS, GIARDIA), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 6-11 TARGETS

Group 2 Paragraph: N/A

Group 2 CPT Codes:

[0097U](#)

GASTROINTESTINAL PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 22 TARGETS (CAMPYLOBACTER [C. JEJUNI/C. COLI/C. UPSALIENSIS], CLOSTRIDIUM DIFFICILE [C. DIFFICILE] TOXIN A/B, PLESIOMONAS SHIGELLOIDES, SALMONELLA, VIBRIO [V. PARAHAEMOLYTICUS/V. VULNIFICUS/V. CHOLERA], INCLUDING SPECIFIC IDENTIFICATION OF VIBRIO CHOLERA, YERSINIA ENTEROCOLITICA, ENTEROAGGREGATIVE ESCHERICHIA COLI [EAEC], ENTEROPATHOGENIC ESCHERICHIA COLI [EPEC], ENTEROTOXIGENIC ESCHERICHIA COLI [ETEC]

LT/ST, SHIGA-LIKE TOXIN-PRODUCING ESCHERICHIA COLI [STEC] STX1/STX2 [INCLUDING SPECIFIC IDENTIFICATION OF THE E. COLI O157 SEROGROUP WITHIN STEC], SHIGELLA/ENTEROINVASIVE ESCHERICHIA COLI [EIEC], CRYPTOSPORIDIUM, CYCLOSPORA CAYETANENSIS, ENTAMOEBA HISTOLYTICA, GIARDIA LAMBLIA [ALSO KNOWN AS G. INTESTINALIS AND G. DUODENALIS], ADENOVIRUS F 40/41, ASTROVIRUS, NOROVIRUS GI/GII, ROTAVIRUS A, SAPOVIRUS [GENOGROUPS I, II, IV, AND V])

[87507](#)

INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHOGEN (EG, CLOSTRIDIUM DIFFICILE, E. COLI, SALMONELLA, SHIGELLA, NOROVIRUS, GIARDIA), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGETS

ICD-10 Codes That Are Covered

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage as outlined per the related LCD for **CPT/HCPCS codes: 87505 and 87506.**

R19.7	Diarrhea, unspecified
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It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for utilization of GIP multiplex NAATs for beneficiaries with an immunocompromising medical condition as outlined per the related LCD for **CPT/HCPCS codes: 87507 and 0097U**

Note:

Dual Diagnosis Rule: ALL diagnosis codes listed below for Group 2 require a dual diagnosis. Diagnosis code R19.7 Diarrhea, unspecified, AND one of the immunosuppression ICD-10 diagnoses codes listed below **MUST** be billed together.

B20	Human immunodeficiency virus [HIV] disease
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]

D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.89	Other combined immunodeficiencies
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.8	Other specified immunodeficiencies
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.2	Hypergammaglobulinemia, unspecified
D89.3	Immune reconstitution syndrome
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome

D89.43	Secondary mast cell activation
D89.49	Other mast cell activation disorder
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
R19.7	Diarrhea, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for utilization of GIP multiplex NAATs for beneficiaries with a paralytic ileus as outlined per the related LCD for **CPT/HCPCS codes: 87505, 87506, 87507 and 0097U**

K56.0	Paralytic ileus
R10.84	Generalized abdominal pain
R11.2	Nausea with vomiting, unspecified