

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

**Original Article Effective Date:**

**Revision Effective Date:**

**Article Text:**

This Billing and Coding Article provides billing and coding guidance for Local Coverage Determination (LCD) L38229 Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs). Please refer to the LCD for reasonable and necessary requirements.

### **Coding Guidance**

**Notice:** It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

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.

### **Utilization Parameters**

Medicare will allow reporting only one GIP multiplex panel (CPT code 87505, 87506, 87507) summing the testing for all targets per day per beneficiary by the same or different provider consistent with the related LCD.

Consistent with the LCD, repeat NAAT testing within 7 days during the same episode of diarrhea will be denied (any combination of CPT codes 87505, 87506, 87507).

### **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.

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:

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

Group 2 CPT Codes:

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

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**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.

The following ICD-10-CM code supports medical necessity and provides coverage for CPT codes: **87505** and **87506**.

<a href="#">R19.7</a>	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.

The following ICD-10-CM code supports medical necessity and provides coverage for CPT code: **87507**.

<a href="#">R19.7</a>	Diarrhea, unspecified
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**\*Note: Dual Diagnosis: When reporting ICD-10-CM code R19.7, one of the immunosuppression diagnosis codes listed in Table 3 below must also be reported.**

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.

**Note:** None of the diagnosis codes listed in Table 3 are stand-alone diagnosis codes.

### **Group 3 (Immunosuppression diagnosis codes – secondary codes to be reported with those in Group 2)**

<a href="#">B20</a>	Human immunodeficiency virus [HIV] disease
<a href="#">D80.0</a>	Hereditary hypogammaglobulinemia
<a href="#">D80.1</a>	Nonfamilial hypogammaglobulinemia
<a href="#">D80.2</a>	Selective deficiency of immunoglobulin A [IgA]
<a href="#">D80.3</a>	Selective deficiency of immunoglobulin G [IgG] subclasses
<a href="#">D80.4</a>	Selective deficiency of immunoglobulin M [IgM]
<a href="#">D80.5</a>	Immunodeficiency with increased immunoglobulin M [IgM]
<a href="#">D80.6</a>	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
<a href="#">D80.8</a>	Other immunodeficiencies with predominantly antibody defects
<a href="#">D81.0</a>	Severe combined immunodeficiency [SCID] with reticular dysgenesis
<a href="#">D81.1</a>	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
<a href="#">D81.2</a>	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
<a href="#">D81.31</a>	Severe combined immunodeficiency due to adenosine deaminase deficiency
<a href="#">D81.4</a>	Nezelof's syndrome
<a href="#">D81.5</a>	Purine nucleoside phosphorylase [PNP] deficiency

<a href="#">D81.6</a>	Major histocompatibility complex class I deficiency
<a href="#">D81.7</a>	Major histocompatibility complex class II deficiency
<a href="#">D81.810</a>	Biotinidase deficiency
<a href="#">D81.818</a>	Other biotin-dependent carboxylase deficiency
<a href="#">D81.89</a>	Other combined immunodeficiencies
<a href="#">D82.0</a>	Wiskott-Aldrich syndrome
<a href="#">D82.1</a>	Di George's syndrome
<a href="#">D82.2</a>	Immunodeficiency with short-limbed stature
<a href="#">D82.3</a>	Immunodeficiency following hereditary defective response to Epstein-Barr virus
<a href="#">D82.4</a>	Hyperimmunoglobulin E [IgE] syndrome
<a href="#">D82.8</a>	Immunodeficiency associated with other specified major defects
<a href="#">D83.0</a>	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
<a href="#">D83.1</a>	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
<a href="#">D83.2</a>	Common variable immunodeficiency with autoantibodies to B- or T-cells
<a href="#">D83.8</a>	Other common variable immunodeficiencies
<a href="#">D84.0</a>	Lymphocyte function antigen-1 [LFA-1] defect
<a href="#">D84.1</a>	Defects in the complement system
<a href="#">D84.81</a>	Immunodeficiency due to conditions classified elsewhere
<a href="#">D84.821</a>	Immunodeficiency due to drugs
<a href="#">D84.822</a>	Immunodeficiency due to external causes
<a href="#">D84.89</a>	Other immunodeficiencies
<a href="#">D89.0</a>	Polyclonal hypergammaglobulinemia
<a href="#">D89.1</a>	Cryoglobulinemia
<a href="#">D89.3</a>	Immune reconstitution syndrome
<a href="#">D89.41</a>	Monoclonal mast cell activation syndrome
<a href="#">D89.42</a>	Idiopathic mast cell activation syndrome
<a href="#">D89.43</a>	Secondary mast cell activation
<a href="#">D89.49</a>	Other mast cell activation disorder
<a href="#">D89.810</a>	Acute graft-versus-host disease
<a href="#">D89.811</a>	Chronic graft-versus-host disease
<a href="#">D89.812</a>	Acute on chronic graft-versus-host disease
<a href="#">D89.82</a>	Autoimmune lymphoproliferative syndrome [ALPS]
<a href="#">D89.89</a>	Other specified disorders involving the immune mechanism, not elsewhere classified
<a href="#">Z94.0</a>	Kidney transplant status
<a href="#">Z94.1</a>	Heart transplant status

<a href="#"><u>Z94.2</u></a>	Lung transplant status
<a href="#"><u>Z94.3</u></a>	Heart and lungs transplant status
<a href="#"><u>Z94.4</u></a>	Liver transplant status
<a href="#"><u>Z94.5</u></a>	Skin transplant status
<a href="#"><u>Z94.6</u></a>	Bone transplant status
<a href="#"><u>Z94.81</u></a>	Bone marrow transplant status
<a href="#"><u>Z94.82</u></a>	Intestine transplant status
<a href="#"><u>Z94.83</u></a>	Pancreas transplant status
<a href="#"><u>Z94.84</u></a>	Stem cells transplant status

### **ICD-10 Codes That Are Not Covered**

XX000