

If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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 28, 2025

Plan Effective Date: August 8, 2025

Description

The plan 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 who are 18 years of age and older, urea breath testing OR stool antigen testing to diagnose an *H. pylori* infection **may be reimbursable** in **any** of the following situations:
 - a. For individuals with dyspepsia (see **Note 1**),
 - b. For individuals with active peptic ulcer disease,
 - c. For individuals with past PUD and who have had recurrent symptoms,
 - d. For individuals with low-grade gastric mucosa-associated lymphoid tissue lymphoma,
 - e. For individuals with a history of resection of early gastric cancer,
 - f. For individuals with gastric intestinal metaplasia,
 - g. For individuals initiating chronic treatment with or who have been on a long-term aspirin or non-steroidal anti-inflammatory drug treatment,
 - h. For individuals with unexplained iron deficiency anemia,
 - i. For individuals with idiopathic immune thrombocytopenic purpura,
 - j. For individuals with a family history of gastric cancer,
 - k. For individuals who are first-generation immigrants from high prevalence areas.
2. For individual who are 18 years of age and older and who are undergoing endoscopic examination or who have alarm symptoms (see **Note 2**), 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**.
3. For individuals who are less than 18 years of age, urea breath testing **OR** stool antigen testing to diagnose an *H. pylori* infection **may be reimbursable** in **any** of the following situations:
 - a. For individuals who have gastric duodenal ulcers or erosions.
 - b. For individuals who have a family history of gastric cancer.
4. For individuals who are less than 18 years of age and who have refractory iron deficiency anemia, 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**.
5. For all individuals who have tested positive for *H. pylori*, urea breath testing **or** stool antigen testing to measure the success of eradication of *H. pylori* infection, with testing performed at least four weeks post-treatment, **may be reimbursable**.

6. For individuals with a refractory *H. pylori* infection, susceptibility testing (culture or nucleic acid based), **may be reimbursable**.
7. 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 (i.e., heartburn, regurgitation) who do not have a history of peptic ulcer disease.
8. For individuals of all ages, serologic testing for *H. pylori* infection **is not reimbursable**.
9. 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:
 - a. For children with functional abdominal pain;
 - b. As part of initial investigation in children with iron deficiency anemia;
 - c. When investigating causes of short stature.
10. For individuals with recent use of antibiotics, proton pump inhibitors, or bismuth, the urea breath test, stool antigen **or** biopsy-based testing to diagnose an *H. pylori* infection **is not reimbursable**.
11. To diagnose an *H. pylori* infection, concurrent testing with **any** combination of the urea breath test, stool antigen testing, **and/or** biopsy-based testing **is not reimbursable**.
12. For all other situations not described above, nucleic acid testing for *H. pylori* **is not reimbursable**.

NOTES:

Note 1: "Dyspepsia refers to bothersome upper abdominal symptoms that are often meal related. The predominant symptoms are fullness (or bloating) after meals, early satiety (inability to finish a normal-sized meal because of postprandial discomfort), or epigastric pain (or burning) that may or may not be related to meals. If dyspepsia is chronic, epigastric pain is a less common feature than postprandial fullness or satiety. Pain is not required to make a diagnosis of dyspepsia." (2)

Note 2: Alarm features of dyspepsia: vomiting, gastrointestinal bleeding, unexplained iron deficiency, or weight loss. (3)

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, 87513, 88305, 0008U

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Policy Update History:

Approval Date	Effective Date; Summary of Revisions
04/28/2025	08/08/2025; Document updated with literature review. The following changes were made to Reimbursement Information: #1a changed “dyspeptic” to “dyspepsia (see Note 1)”; #1c replaced “without <i>H. pylori</i> history” with “and who have had recurrent symptoms”; #1e removed “endoscopic”; removed #1g due to repetition with #1a; former #1h (now #1g), added “and who have been on a” and “aspirin”; former #1j, changed “chronic immune” to “idiopathic” and removed “and suspected <i>H. pylori</i> infection. Removed former #2 (follow up testing now found in new #5) Former #4, now #3, removed chronic ITP, follow up (now in #5), added ulcers/erosions and family history. Former #5, now #4, removed gastric ulcers (noninvasive testing now allowed in #3), reworded criteria since it now only pertains to those with refractory IDA. New #5 and #6: “5) For all individuals who have tested positive for <i>H. pylori</i> , urea breath testing or stool antigen testing to measure the success of eradication of <i>H. pylori</i> infection, with testing performed at least four weeks post-treatment, may be reimbursable. 6) For individuals with a refractory <i>H. pylori</i> infection, susceptibility testing (culture or nucleic acid based)

	<p>may be reimbursable." Former #6.b., now #7.b., added "(i.e., heartburn, regurgitation)". Allowance of nucleic acid based susceptibility testing in #6 results in changes to #12, addition of "for all other situations not described above". New Note 1 and Note 2: "Note 1: "Dyspepsia refers to bothersome upper abdominal symptoms that are often meal related. The predominant symptoms are fullness (or bloating) after meals, early satiety (inability to finish a normal-sized meal because of postprandial discomfort), or epigastric pain (or burning) that may or may not be related to meals. If dyspepsia is chronic, epigastric pain is a less common feature than postprandial fullness or satiety. Pain is not required to make a diagnosis of dyspepsia." Note 2: Alarm features of dyspepsia: vomiting, gastrointestinal bleeding, unexplained iron deficiency, or weight loss." Added code 87513. References revised.</p>
04/29/2024	<p>01/15/2025: Document updated with literature review. Reimbursement information unchanged. References revised.</p>
06/15/2023	<p>06/15/2023: 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.</p>
11/1/2022	<p>11/01/2022: New policy</p>