

November  
2023



Client Communication

## Medicare Local Coverage Determination Policy: CGS

### Coverage Policy

### L37364 - Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs)

CPT: 87505, 87506, 87507, 0097U

Revision Effective Date: 02/02/2023

#### Coverage Indications, Limitations, and/or Medical Necessity

This contractor will provide limited coverage for Gastrointestinal Pathogen (GIP) molecular assays identified by multiplex nucleic acid amplification tests (NAATs), and will limit GIP coverage in immune competent beneficiaries up to 5 bacterial targets which represent the top 90-95% of foodborne infections ([incidence of infection per 100,000 population] in decreasing incidence): Salmonella [15.89]; Campylobacter [12.97]; Shigella [5.53]; Cryptosporidium [3.31]; Shiga toxin producing E. coli (STEC) non-O157 [1.64] and STEC O157 [.95].

In addition, when there is a clinical concern for Clostridium difficile colitis, this contractor will cover up to 11 targets if Clostridium difficile is one of the organisms tested for.

Testing for 12 or more organisms will only be covered in critically ill or immunosuppressed patients.

In immune competent individuals, most people with Cryptosporidium, a parasitic disease, will recover without treatment. The pathogens in some of the GIP panels are determined by the manufacturers that make them, and do not represent specific pathogens that cause a common age-based syndrome, or represent organisms that commonly are found in a specific sample type, patient population or reflect community acquired foodborne infections. Because of the unique clinical circumstances of immune compromised patients, ICU patients, and HIV positive patients with diarrhea, GIP testing for bacteria, virus and parasite testing may be indicated, and thus a Medicare benefit.

#### Limitations

A GIP test **panel** is a single service with a single unit of service (UOS =1). A panel cannot be unbundled and billed as individual components, regardless of the fact that the GIP test reports multiple individual pathogens and/or targets. The panel is a closed system performed on a single platform, and as such, is a single test panel with multiple components (UOS=1). If C. difficile is not included in a GIP panel, testing for C. difficile may be reasonable and necessary when

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Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with the patient's medical record. Sonic Healthcare does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff.

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ordered in addition to a GIP bacterial pathogen panel and supported by documentation in the medical record.

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The ICD10 codes listed below are the top 40 diagnosis codes Sonic most commonly receives from ordering physicians for this limited-coverage test. Medicare supports provider utilization of all the diagnosis codes listed below, except those notated in bold. If you are providing a diagnosis code that is **bolded** below, please submit a valid ABN form with the order. To view the complete policy and the full list of medically supported diagnosis codes, please refer to the CMS website for guidance:

<https://www.cms.gov/medicare-coverage-database/search.aspx>

Code	Description
R19.7	Diarrhea, unspecified
<b>K29.1</b>	<b>Acute gastritis with bleeding</b>
<b>I10</b>	<b>Essential (primary) hypertension</b>
<b>R19.5</b>	<b>Other fecal abnormalities</b>
<b>K57.90</b>	<b>Diverticulosis of intestine, part unspecified, without perforation, abscess or bleeding</b>
<b>N18.31</b>	<b>Chronic kidney disease, stage 3a</b>
<b>K86.89</b>	<b>Other specified diseases of pancreas</b>
<b>E78.5</b>	<b>Hyperlipidemia, Unspecified</b>
<b>E78.2</b>	<b>Mixed Hyperlipidemia</b>
<b>G70.00</b>	<b>Myasthenia gravis without (acute) exacerbation</b>
<b>K59.1</b>	<b>Functional diarrhea</b>
A04.71	Enterocolitis due to Clostridium difficile, recurrent
<b>E11.9</b>	<b>Type 2 Diabetes Mellitus without complications</b>
<b>R19.4</b>	<b>Change in bowel habit</b>
<b>R15.9</b>	<b>Full incontinence of feces</b>
A09	Infectious gastroenteritis and colitis, unspecified
<b>K50.80</b>	<b>Crohn's disease of both small and large intestine without complications</b>
<b>T47.8X5A</b>	<b>Adverse effect of other agents primarily affecting gastrointestinal system, initial encounter</b>
<b>K51.018</b>	<b>Ulcerative (chronic) pancolitis with other complication</b>
<b>K51.90</b>	<b>Ulcerative colitis, unspecified, without complications</b>

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