

Article - Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A56642)

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CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Novitas Solutions, Inc.	A and B MAC	04111 - MAC A	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04112 - MAC B	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04211 - MAC A	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04212 - MAC B	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04311 - MAC A	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04312 - MAC B	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04411 - MAC A	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04412 - MAC B	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
Novitas Solutions, Inc.	A and B MAC	07101 - MAC A	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07102 - MAC B	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07201 - MAC A	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07202 - MAC B	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07301 - MAC A	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	07302 - MAC B	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	12101 - MAC A	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12102 - MAC B	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12201 - MAC A	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12202 - MAC B	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12301 - MAC A	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12302 - MAC B	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12401 - MAC A	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12402 - MAC B	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12501 - MAC A	J - L	Pennsylvania

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Novitas Solutions, Inc.	A and B MAC	12502 - MAC B	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12901 - MAC A	J - L	Delaware District of Columbia Maryland New Jersey Pennsylvania

Article Information

General Information

Article ID

A56642

Article Title

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

Article Type

Billing and Coding

Original Effective Date

12/30/2019

Revision Effective Date

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Revision Ending Date

N/A

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N/A

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CMS National Coverage Policy

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.

Article Guidance

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 Guidelines

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 only one GIP multiplex panel (CPT code 87505, 87506 or 87507) 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 or 87507) 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

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 Codes: (3 Codes)

CODE	DESCRIPTION
87505	Nfct agent detection gi
87506	Iadna-dna/rna probe tq 6-11

CODE	DESCRIPTION
87507	Iadna-dna/rna probe tq 12-25

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

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, 87506 and 87507.**

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
R19.7	Diarrhea, unspecified

Group 2 Paragraph:

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 codes support medical necessity and provide coverage for CPT codes: **87505, 87506 and 87507** when used for patients with a paralytic ileus as outlined per the related LCD.

Group 2 Codes: (1 Code)

CODE	DESCRIPTION
K56.0*	Paralytic ileus

Group 2 Medical Necessity ICD-10-CM Codes Asterisk Explanation:

*Dual Diagnosis Requirement: ICD-10 Code R10.84 or R11.2 **must be reported** with ICD-10 code K56.0.

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	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 article, 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 article should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
04/01/2022	R3	Article revised and published on 05/05/2022 effective for dates of service on and after

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		04/01/2022 to reflect the April Quarterly CPT/HCPCS Code Update. The following HCPCS code was removed from the 'Utilization Parameters', the 'Group 1 Codes' and the 'ICD-10-CM Codes that Support Medical Necessity/Group 1 and Group 2 Paragraph' sections: 0097U. The 'ICD-10-CM Codes that Support Medical Necessity' section for the 'Group 2 Codes' and the associated asterisk note were revised for clarification.
12/30/2019	R2	Article revised and published on 8/13/2020 effective for dates of service on and after 12/30/2019 in response to an external request. CPT Code Group 2 has been combined with CPT Code Group 1 and the ICD-10 Code Group 2 Paragraph and Codes were removed. The prior ICD-10 Code Group 3 is now Group 2. In addition, the paragraph related to the NCCI edits and manual has been removed and minor formatting changes have been made.
12/30/2019	R1	Future billing and coding Article related to L38229, Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) published on November 14, 2019 and will become effective on December 30, 2019.

Associated Documents

Related Local Coverage Documents

Articles

[DA56642 - \(MCD Archive Site\)](#)

[A57732 - Response to Comments: Gastrointestinal Pathogen \(GIP\) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques \(NAATs\)](#)

LCDs

[DL38229 - \(MCD Archive Site\)](#)

[L38229 - Gastrointestinal Pathogen \(GIP\) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques \(NAATs\)](#)

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
04/29/2022	04/01/2022 - N/A	Currently in Effect (This Version)
08/06/2020	12/30/2019 - 03/31/2022	Superseded
11/08/2019	12/30/2019 - N/A	Superseded
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Keywords

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