

Article - Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs) (A56711)

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Contractor Information

| CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATES |
|--|---------------|-----------------|--------------|--------------|
| Noridian Healthcare Solutions, LLC | A and B MAC | 02101 - MAC A | J - F | Alaska |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02102 - MAC B | J - F | Alaska |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02201 - MAC A | J - F | Idaho |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02202 - MAC B | J - F | Idaho |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02301 - MAC A | J - F | Oregon |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02302 - MAC B | J - F | Oregon |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02401 - MAC A | J - F | Washington |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02402 - MAC B | J - F | Washington |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03101 - MAC A | J - F | Arizona |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03102 - MAC B | J - F | Arizona |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03201 - MAC A | J - F | Montana |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03202 - MAC B | J - F | Montana |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03301 - MAC A | J - F | North Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03302 - MAC B | J - F | North Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03401 - MAC A | J - F | South Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03402 - MAC B | J - F | South Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03501 - MAC A | J - F | Utah |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03502 - MAC B | J - F | Utah |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03601 - MAC A | J - F | Wyoming |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03602 - MAC B | J - F | Wyoming |

Article Information

General Information

Article ID
A56711

**AMA CPT / ADA CDT / AHA NUBC Copyright
Statement**

Article Title

Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs)

Article Type

Billing and Coding

Original Effective Date

07/01/2019

Revision Effective Date

11/08/2021

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1.2 A/B Mac (B) Contacts With Independent Clinical Laboratories

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2 Travel Allowance

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, §10 Reporting ICD Diagnosis and Procedure Codes

Article Guidance**Article Text**

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs).

This contractor will provide limited coverage for Gastrointestinal Pathogen (GIP) molecular assays identified by

multiplex nucleic acid amplification tests (NAATs). In immune competent beneficiaries, coverage is limited to no more than 5 bacterial targets (when not testing for clostridium difficile). Testing for 6-11 pathogens is covered when there is a clinical concern for clostridium difficile colitis, and clostridium difficile is one of the pathogens being tested.

Testing for 12 or more organisms will only be covered in critically ill or immunosuppressed patients. This contractor expects that critically ill patients must be tested and managed in the appropriate inpatient facility. As such, for critically ill patients or immunosuppressed patients requiring these tests only Part A claims should be submitted.

ICD-10-CM diagnosis codes supporting medical necessity must be submitted with each claim. Claims submitted without such evidence will be denied as not medically necessary.

Any diagnosis submitted must have documentation in the patient's record to support coverage and medical necessity.

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.

Billing and Coding Information:

To bill for GIP molecular assays identified by multiplex NAATs, please provide the following claim information:

- If the panel being used does not have its own proprietary CPT code, use CPT code 87505, 87506 or 87507
- For dates of service on or after 7/1/2019, laboratories billing for services using the BioFire® FilmArray® Gastrointestinal (GI) Panel (BioFire® Diagnostics) should report 0097U
- Enter 1 unit of service (UOS)
- Enter the appropriate CPT code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- Enter the appropriate CPT code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form
- ICD-10-CM diagnosis code(s) as set forth below.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

These codes are covered

Group 1 Codes: (2 Codes)

| CODE | DESCRIPTION |
|-------|--|
| 87505 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); |

| CODE | DESCRIPTION |
|-------|--|
| | 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:

This code is covered in beneficiaries with immunodeficiency and/or critical illness

Group 2 Codes: (2 Codes)

| CODE | DESCRIPTION |
|-------|--|
| 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 |
| 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. CHOLERAE], INCLUDING SPECIFIC IDENTIFICATION OF VIBRIO CHOLERAE, 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 SCHERICHIA 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]) |

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10-CM Codes that Support Medical Necessity**Group 1 Paragraph:**

One of the following diagnosis codes must be on the claim to bill for 87505 or 87506.

Group 1 Codes: (49 Codes)

| CODE | DESCRIPTION |
|--------|--|
| A00.0 | Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae |
| A00.1 | Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor |
| A00.9 | Cholera, unspecified |
| A01.00 | Typhoid fever, unspecified |
| A01.09 | Typhoid fever with other complications |
| A01.1 | Paratyphoid fever A |
| A01.2 | Paratyphoid fever B |
| A01.3 | Paratyphoid fever C |
| A02.0 | Salmonella enteritis |
| A02.8 | Other specified salmonella infections |
| A03.0 | Shigellosis due to <i>Shigella dysenteriae</i> |
| A03.1 | Shigellosis due to <i>Shigella flexneri</i> |
| A03.2 | Shigellosis due to <i>Shigella boydii</i> |
| A03.3 | Shigellosis due to <i>Shigella sonnei</i> |
| A03.8 | Other shigellosis |
| A04.0 | Enteropathogenic <i>Escherichia coli</i> infection |
| A04.1 | Enterotoxigenic <i>Escherichia coli</i> infection |
| A04.2 | Enteroinvasive <i>Escherichia coli</i> infection |
| A04.3 | Enterohemorrhagic <i>Escherichia coli</i> infection |
| A04.5 | <i>Campylobacter</i> enteritis |
| A04.6 | Enteritis due to <i>Yersinia enterocolitica</i> |
| A04.71 | Enterocolitis due to <i>Clostridium difficile</i> , recurrent |
| A04.72 | Enterocolitis due to <i>Clostridium difficile</i> , not specified as recurrent |
| A04.8 | Other specified bacterial intestinal infections |
| A04.9 | Bacterial intestinal infection, unspecified |

| CODE | DESCRIPTION |
|--------|--|
| A05.0 | Foodborne staphylococcal intoxication |
| A05.1 | Botulism food poisoning |
| A05.2 | Foodborne Clostridium perfringens [Clostridium welchii] intoxication |
| A05.3 | Foodborne Vibrio parahaemolyticus intoxication |
| A05.4 | Foodborne Bacillus cereus intoxication |
| A05.5 | Foodborne Vibrio vulnificus intoxication |
| A06.0 | Acute amebic dysentery |
| A06.1 | Chronic intestinal amebiasis |
| A06.2 | Amebic nondysenteric colitis |
| A07.1 | Giardiasis [lambliasis] |
| A07.2 | Cryptosporidiosis |
| A07.4 | Cyclosporiasis |
| A08.0 | Rotaviral enteritis |
| A08.11 | Acute gastroenteropathy due to Norwalk agent |
| A08.2 | Adenoviral enteritis |
| A08.32 | Astrovirus enteritis |
| A09 | Infectious gastroenteritis and colitis, unspecified |
| A32.11 | Listerial meningitis |
| A32.12 | Listerial meningoencephalitis |
| A32.7 | Listerial sepsis |
| K56.0 | Paralytic ileus |
| M31.19 | Other thrombotic microangiopathy |
| R10.0 | Acute abdomen |
| R19.7 | Diarrhea, unspecified |

Group 2 Paragraph:

For immunosuppressed patients, to bill for 87507 or 0097U, an ICD-10 diagnosis code from Group 2 must be on the claim in addition to an ICD-10 diagnosis code from Group 1.

Group 2 Codes: (91 Codes)

| CODE | DESCRIPTION |
|-------|--|
| A41.9 | Sepsis, unspecified organism |
| B20 | Human immunodeficiency virus [HIV] disease |

| CODE | DESCRIPTION |
|---------|--|
| D61.09 | Other constitutional aplastic anemia |
| D61.1 | Drug-induced aplastic anemia |
| D61.2 | Aplastic anemia due to other external agents |
| D61.3 | Idiopathic aplastic anemia |
| D61.810 | Antineoplastic chemotherapy induced pancytopenia |
| D61.811 | Other drug-induced pancytopenia |
| D61.818 | Other pancytopenia |
| D61.82 | Myelophthisis |
| D61.89 | Other specified aplastic anemias and other bone marrow failure syndromes |
| D61.9 | Aplastic anemia, unspecified |
| D64.81 | Anemia due to antineoplastic chemotherapy |
| D64.89 | Other specified anemias |
| D70.0 | Congenital agranulocytosis |
| D70.1 | Agranulocytosis secondary to cancer chemotherapy |
| D70.2 | Other drug-induced agranulocytosis |
| D70.3 | Neutropenia due to infection |
| D70.4 | Cyclic neutropenia |
| D70.9 | Neutropenia, unspecified |
| 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 |
| D80.8 | Other immunodeficiencies with predominantly antibody defects |
| D80.9 | Immunodeficiency with predominantly antibody defects, unspecified |
| 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 |
| D81.30 | Adenosine deaminase deficiency, unspecified |

| CODE | DESCRIPTION |
|---------|--|
| 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 |
| D81.9 | Combined immunodeficiency, unspecified |
| 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 |
| D83.9 | Common variable immunodeficiency, unspecified |
| D84.0 | Lymphocyte function antigen-1 [LFA-1] defect |
| D84.1 | Defects in the complement system |
| D84.821 | Immunodeficiency due to drugs |
| D84.822 | Immunodeficiency due to external causes |
| D84.89 | Other immunodeficiencies |
| D89.0 | Polyclonal hypergammaglobulinemia |
| D89.1 | Cryoglobulinemia |
| D89.3 | Immune reconstitution syndrome |

| CODE | DESCRIPTION |
|----------|--|
| D89.41 | Monoclonal mast cell activation syndrome |
| D89.42 | Idiopathic mast cell activation syndrome |
| D89.43 | Secondary mast cell activation |
| D89.44 | Hereditary alpha tryptasemia |
| 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 |
| D89.813 | Graft-versus-host disease, unspecified |
| D89.82 | Autoimmune lymphoproliferative syndrome [ALPS] |
| D89.89 | Other specified disorders involving the immune mechanism, not elsewhere classified |
| R65.20 | Severe sepsis without septic shock |
| R65.21 | Severe sepsis with septic shock |
| T80.82XS | Complication of immune effector cellular therapy, sequela |
| Z92.850 | Personal history of Chimeric Antigen Receptor T-cell therapy |
| Z92.858 | Personal history of other cellular therapy |
| Z92.86 | Personal history of gene therapy |
| 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 |

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

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

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.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION |
|-----------------------|-------------------------|--|
| 11/08/2021 | R5 | <p>Effective 08/05/2021: Revision history update to reflect the removal of DX codes D89.831, D89.832, D89.833, D89.834, D89.835, D89.839 from ICD-10 Codes that Support Medical Necessity Group 1: Codes on the 11/08/2021 revision.</p> |
| 11/08/2021 | R4 | <p>Effective 11/08/2021: Under ICD-10 Codes that Support Medical Necessity Group 2: Codes added A41.9, R65.20, and R65.21.</p> <p>Effective 10/21/2021: Under Article Text added "This contractor expects that critically ill patients will be tested and managed in the appropriate inpatient facility. As such, for critically ill patients, only Part A claims should be submitted." Under CPT/HCPCS Codes Group 2: Paragraph revised to "This code is covered in beneficiaries with immunodeficiency AND/OR critical illness." Under ICD-10 Codes that Support Medical Necessity Group 2: Paragraph revised to "For immunosuppressed patients, to bill for 87507 or 0097U, an ICD-10 diagnosis code from Group 2 must be on the claim in addition to an ICD-10 diagnosis code from Group 1." Under ICD-10 Codes that Support Medical Necessity Group 2: Codes deleted A04.9, A09, K56.0, R10.0, and R19.7.</p> <p>Effective 10/01/2021: Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added M31.19. Under ICD-10 Codes that Support Medical Necessity Group 2: Codes added D89.44, T80.82XS, Z92.850, Z92.858, and Z92.86. This revision is due to the Annual ICD-10 Code Update and is effective on 10/1/2021.</p> <p>Effective 08/05/2021: Under CMS National Coverage Policy removed regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15 §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests. Added regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories. Under CPT/HCPCS Codes Group 1: Codes moved 0097U from Group 1 codes to Group 2 codes. Under ICD-10 Codes that Support Medical Necessity Group 1: Paragraph deleted 0097U. Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added A00.0, A00.1, A00.9, A01.09, A01.1, A01.2, A01.3, A02.8, A05.4, A05.5, A06.0, A06.1, A06.2, A07.1, A07.2, A07.4, A08.0, A08.11, A08.2, A08.32, A32.11, A32.12, A32.7, K56.0, and R10.0. Deleted A02.9, B20, D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D80.8, D80.9, D81.0, D81.1, D81.2, D81.30, D81.31, D81.32, D81.39, D81.4, D81.5, D81.6, D81.7, D81.810, D81.818, D81.819, D81.89, D81.9, D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9, D83.0, D83.1, D83.2, D83.8, D83.9, D84.0, D84.1, D84.89, D84.9, D89.0, D89.1, D89.2, D89.3, D89.40, D89.41, D89.42, D89.43, D89.49, D89.810, D89.811, D89.812, D89.813, D89.82, D89.89, D89.9, Y92.239, Z94.0, Z94.1, Z94.2, Z94.3, Z94.4, Z94.5, Z94.6, Z94.81, Z94.82, Z94.83, and Z94.84. Under ICD-10 Codes that Support Medical Necessity Group 2: Paragraph revised to "To bill for 87507 or 0097U, an ICD-10 diagnosis code from Group 2 must be on the claim in addition to an ICD-10 diagnosis code from Group 1". Under ICD-10 Codes that Support Medical Necessity Group 2: Codes added A04.9, A09, D61.09, D61.1, D61.2, D61.3, D61.810, D61.811, D61.818, D61.82, D61.89, D61.9, D64.81, D64.89, D70.0, D70.1, D70.2, D70.3, D70.4, D70.9, D84.821, D84.822, K56.0, R10.0,</p> |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION |
|-----------------------|-------------------------|--|
| | | and R19.7. Deleted D80.7, D81.819, D82.9, D84.9, D89.2, D89.40, D89.9, and Y92.239. Formatting, punctuation, and typographical errors were corrected throughout the article. |
| 10/01/2020 | R3 | 10/01/2020: Under ICD-10 Codes that support Medical Necessity Group I Coding added: D84.89; D89.831; D89.832; D89.833; D89.834; D89.835; D89.839 Group II Update added: D84.89; D89.831;D89.832; D89.833; D89.834; D89.835; D89.839 Deleted Codes: D84.8 These revisions are due to the Annual ICD-10 Updates and become effective on 10/1/2020. |
| 10/01/2019 | R2 | 10/01/2019: This article is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs) LCD and placed in this article. CPT [®] was inserted throughout the article where applicable. |
| 10/01/2019 | R1 | 10/01/2019: Covered ICD-10 Codes Group 1: Codes ICD-10 code D81.3 was deleted and ICD-10 codes D81.30, D81.31, D81.32, and D81.39 were added. Covered ICD-10 Codes Group 2: Codes ICD-10 code D81.3 was deleted and ICD- 10 codes D81.30, D81.31, D81.32, and D81.39 were added. This revision is due to the 2019 Annual ICD-10 Code Update and is effective on October 1, 2019. |

Associated Documents

Related Local Coverage Documents

LCDs

[L37368 - Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests \(NAATs\)](#)

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 |
|-------------------|-------------------------|------------------------------------|
| 12/13/2021 | 11/08/2021 - N/A | Currently in Effect (This Version) |
| 11/01/2021 | 11/08/2021 - N/A | Superseded |
| 09/03/2020 | 10/01/2020 - 11/07/2021 | Superseded |

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A