



Reimbursement Policy

Policy Number: RPLAB018

Policy Title: *Helicobacter pylori* Testing

Approval Date: May 15, 2026

Effective Date: Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement 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 reimbursement policy 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's 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 New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting 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 ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & 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 and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

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**.

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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 (e.g., 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.

Code	Description
83009	H PYLORI (C-13) BLOOD
83013	H PYLORI (C-13) BREATH
83014	H PYLORI DRUG ADMIN
86318	IA INFECTIOUS AGENT ANTIBODY
86677	HELICOBACTER PYLORI ANTIBODY
87070	CULTURE OTHR SPECIMN AEROBIC
87077	CULTURE AEROBIC IDENTIFY
87081	CULTURE SCREEN ONLY
87149	DNA/RNA DIRECT PROBE
87150	DNA/RNA AMPLIFIED PROBE
87153	DNA/RNA SEQUENCING
87181	MICROBE SUSCEPTIBLE DIFFUSE
87186	MICROBE SUSCEPTIBLE MIC
87205	SMEAR GRAM STAIN
87337	ENTAMOEB HIST GROUP AG IA
87339	H PYLORI AG IA
87513	H PYLRI CLRTHMCN RST AMP PRB
88305	TISSUE EXAM BY PATHOLOGIST
0008U	HPYLORI DETCJ ABX RSTNC DNA

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Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. Reimbursement Information unchanged. References revised.
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 H. pylori 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 H. pylori 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 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.” Former #6.b., now #7.b., added “(e.g., 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.
04/29/2024	01/15/2025: Document updated with literature review. Reimbursement information unchanged. References revised.
06/15/2023	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.
11/1/2022	11/01/2022: New policy