



POLICY INFORMATION			
Policy Number:	POL-PP-284 AHS – G2044 – Helicobacter pylori Testing	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

**NOTICE**

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input checked="" type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

**Disclaimer**

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



**Description/Application**

*Helicobacter pylori* (*H. pylori*) is a spiral-shaped, gram-negative bacteria that thrives while living in acidic environments, growing in close association with the stomach lining. *H. pylori* infection causes chronic inflammation (infection) in the stomach and is associated with conditions such as peptic ulcer disease, chronic gastritis, gastric adenocarcinoma, and gastric mucosa associated lymphoid tissue (MALT) lymphoma (Lamont, 2023).

**Policy**

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

For individuals 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:

- For individuals with dyspeptic symptoms,
- For individuals with active peptic ulcer disease,
- For individuals with past PUD without *H. Pylori* history,
- For individuals with low-grade gastric mucosa-associated lymphoid tissue lymphoma,
- For individuals with a history of endoscopic resection of early gastric cancer,
- For individuals with gastric intestinal metaplasia,
- For individuals with uninvestigated dyspepsia who are under the age of 60 years and without alarm features,
- For individuals initiating chronic treatment with a non-steroidal anti-inflammatory drug,
- For individuals with unexplained iron deficiency anemia,
- For the evaluation of individuals with chronic immune thrombocytopenia. purpura and suspected *H. pylori* infection,
- For individuals with a family history of gastric cancer,
- For individuals who are first-generation immigrants from high prevalence areas.

For individuals 18 years of age and older, urea breath testing or stool antigen testing to measure the success of eradication of *H. pylori* infection (follow-up measurement at least 4 weeks post-treatment) **may be reimbursable** in any of the following situations:

- For individuals with an *H. pylori*-associated ulcer.
- As part of the follow-up for individuals with persistent symptoms of dyspepsia following appropriate antibiotic treatment for *H. pylori*.
- For individuals with Gastric MALT Lymphoma.
- For individuals who have undergone resection of early gastric cancer.

For individuals 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**.

For individuals 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:

- For individuals with chronic immune thrombocytopenic purpura and suspected *H. pylori* infection.
- To measure the success of eradication of *H. pylori* infection (follow-up measurement at least 4 weeks post-treatment).



For individuals less than 18 years of age, 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** in any of the following situations:

- For individuals with gastric or duodenal ulcers
- For individuals with refractory iron deficiency anemia (when other causes have been ruled out).

Urea Breath testing or stool antigen testing to diagnose an H. pylori infection **may not be reimbursable** for any of the following situations:

- For asymptomatic individuals of all ages
- For individuals 18 years and older with typical symptoms of gastroesophageal reflux disease who do not have a history of peptic ulcer disease.

For individuals of all ages, serologic testing for H. pylori infection **may not be reimbursable**.

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 **may not be reimbursable** in any of the following situations:

- For children with functional abdominal pain
- As part of the initial investigation in children with iron deficiency anemia
- When investigating causes of short stature.

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 may not be reimbursable.

To diagnose an H. pylori infection, concurrent testing with any combination of the urea breath test, stool antigen testing, and/or biopsy-based testing **may not be** reimbursable.

Nucleic acid testing for H. pylori **may not be** reimbursable

**Coding**

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.

83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (e.g., C-13)
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (e.g., C-13)
83014	Helicobacter pylori; drug administration
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (e.g., reagent strip)
86677	Antibody; Helicobacter pylori
87070	Culture, bacterial; any other source except urine, blood, or stool, aerobic, with isolation and presumptive identification of isolates
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only



87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (e.g., sequencing of the 16S rRNA gene)
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87338	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; <i>Helicobacter pylori</i> , stool
87339	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; <i>Helicobacter pylori</i>
87513	Infectious agent detection by nucleic acid (DNA or RNA); <i>Helicobacter pylori</i> ( <i>H. pylori</i> ), clarithromycin resistance, amplified probe technique
88305	Level IV - Surgical pathology, gross and microscopic examination
0008U	<i>Helicobacter pylori</i> detection and antibiotic resistance, DNA, 16S and 23S rRNA, <i>gyrA</i> , <i>pbp1</i> , <i>rdxA</i> and <i>rpoB</i> , next generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin

**References and Resources**

Avalon Medical Policy AHS – G2044 – *Helicobacter pylori* Testing

**Related Documents**

Policy Number	Policy Title
	Not applicable

**Revision History**

Version	Date	Summary of Revisions
001	06/01/2025	Initial version