



CLINICAL MEDICAL POLICY	
Policy Name:	Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (L38229)
Policy Number:	MP-093-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	05/01/2026; 03/01/2025; 05/01/2024; 04/01/2023; 04/01/2022; 03/19/2021; 03/16/2020
Effective Date:	07/01/2026; 04/01/2025; 06/01/2024; 05/01/2023; 05/01/2022; 04/19/2021; 04/13/2020
Next Annual Review:	02/2027
Revision Date:	02/18/2026; 02/19/2025; 02/21/2024 02/15/2023; 02/16/2022; 02/17/2021
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
07/01/2026	Provider Effective date
02/18/2026	QI/UM Committee review
02/18/2026	Annual Review: Removed deleted procedure code 0369U from 'Coding Requirements' section, per CMS guidance. Updated CMS hyperlink and 'Reference Sources' section.
04/01/2025	Provider Effective date
02/19/2025	QI/UM Committee review
02/19/2025	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
06/01/2024	Provider Effective date
02/21/2024	QI/UM Committee review
02/21/2024	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' sections. Added procedure code 0369U.
05/01/2023	Provider Effective date
02/15/2023	QI/UM Committee review
01/10/2020	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary gastrointestinal pathogen (GIP) panels utilizing multiplex nucleic acid amplification techniques.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD) Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
Please refer to the NCD, LCD, LCA or CMS guidelines for the place of service for gastrointestinal pathogen panels.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD, LCD, and/or LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- NCD: There is no CMS NCD related to this specific subject.
- [LCD: Gastrointestinal Pathogen \(GIP\) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques \(NAATs\) \(L38229\)](#)

Article Link

- [LCA: Billing and Coding: Gastrointestinal Pathogen \(GIP\) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques \(NAATs\) \(A56642\)](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (L38229). Original Effective date December 30, 2019. Revision Effective date October 26, 2023. Accessed on January 29, 2026.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A56642). Original Effective date December 30, 2019. Revision Effective date July 1, 2025. Accessed on January 29, 2026.

Coding Guidelines

Procedure Codes

Group 1

CPT Code	Description
87505	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, 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

CPT 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

Diagnosis Codes

Group 1

The following ICD-10-CM code supports medical necessity and provides coverage for CPT codes: **87505** and **87506**:

ICD-10 Code	Description
R19.7	Diarrhea, unspecified

Group 2

ICD-10 Code	Description
*R19.7	Diarrhea, unspecified

*Note: Dual Diagnosis: When reporting CPT code **87507** with ICD-10-CM code **R19.7**, one of the immunosuppression diagnosis codes from Group 3 below must also be reported.

Group 3 (Immunosuppression diagnosis codes – secondary codes to be reported with those in Group 2):

ICD-10 Code	Description
B20	Human immunodeficiency virus [HIV] disease
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
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
D81.31	Severe combined immunodeficiency due to 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
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
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.81	Immunodeficiency due to conditions classified elsewhere
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
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome
D89.43	Secondary mast cell activation
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
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
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

Reimbursement

Participating facilities will be reimbursed per their Highmark HealthSM contract.