



Payment Policy: Helicobacter Pylori Serology Testing

Reference Number: FC.PP.018

Product Types: Medicare

Date of Last Revision: 03/06/2025

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview^{1,2} and Reimbursement³

It is the policy of Fidelis Care that H. pylori serology testing for diagnosing infection or evaluating treatment effectiveness is not in accordance with National treatment guidelines and is therefore **not covered**.

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Inclusion or exclusion of any codes in this policy does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Codes not covered

CPT Codes	Description
86677	Antibody; Helicobacter pylori

HCPCS Codes	Description
N/A	

ICD-10-CM Code	Description
N/A	

¹ Please note that the current policy list on the provider portal is not exhaustive. Fidelis Care may from time to time employ a vendor that applies policies to specific services; in such circumstances, the vendor’s guidelines may also be used to determine whether a service has been correctly coded. Other policies or contract terms may further determine whether a technology, procedure or treatment is payable by Fidelis Care.

² Please note that the corresponding policy is regarding correct coding and not medical necessity.

³ Please be advised that authorization does not guarantee reimbursement and to receive reimbursement, providers should submit a claim for services rendered (member/enrollee eligibility should be re-confirmed at the time the service is rendered).



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Related Documents or Resources

1. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
2. Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications.
3. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

References

1. Current Procedural Terminology (CPT®)
2. Current HCPS Level II
3. Current ICD-10-CM Official Code Set
4. Lamont JT. Indications and diagnostic tests for Helicobacter pylori infection in adults. UpToDate. www.uptodate.com. Updated July 13, 2023. Accessed August 2, 2023.
5. Fashner J, Gitu AC. Diagnosis and Treatment of Peptic Ulcer Disease and H. pylori Infection. *Am Fam Physician*. 2015;91(4):236 to 242
6. Chey WD, Leontiadis GI, Howden CW, Moss SF. Correction: ACG Clinical Guideline: Treatment of Helicobacter pylori Infection. *Am J Gastroenterol*. 2018;113(7):1102. doi:10.1038/s41395-018-0132-6
7. Dore MP, Pes GM, Bassotti G, Usai-Satta P. Dyspepsia: When and how to test for Helicobacter pylori infection. *Gastroenterol Res Pract*. 2016;2016:8463614. doi:10.1155/2016/8463614
8. Talley NJ; American Gastroenterological Association. American Gastroenterological Association medical position statement: evaluation of dyspepsia. *Gastroenterology*. 2005;129(5):1753 to 1755. doi:10.1053/j.gastro.2005.09.019
9. Wang YK, Kuo FC, Liu CJ, et al. Diagnosis of Helicobacter pylori infection: Current options and developments. *World J Gastroenterol*. 2015;21(40):11221-11235. doi:10.3748/wjg.v21.i40.11221
10. Talley NJ, Vakil NB, Moayyedi P. American gastroenterological association technical review on the evaluation of dyspepsia. *Gastroenterology*. 2005;129(5):1756-1780. doi:10.1053/j.gastro.2005.09.020
11. Pourakbari B, Ghazi M, Mahmoudi S, et al. Diagnosis of Helicobacter pylori infection by invasive and noninvasive tests. *Braz J Microbiol*. 2013;44(3):795 to 798. Published 2013 Nov 15. doi:10.1590/S1517-83822013005000052
12. Wang YK, Kuo FC, Liu CJ, et al. Diagnosis of Helicobacter pylori infection: Current options and developments. *World J Gastroenterol*. 2015;21(40):11221 to 11235. doi:10.3748/wjg.v21.i40.11221
13. Girdalidze AM, Elisabedashvili GV, Sharvadze LG, Dzhorbenadze TA. *Georgian Med News*. 2013;(225):53 to 60.
14. Pak K, Junga Z, Mertz A, Singla M. The Patterns and Associated Cost of Serologic Testing for Helicobacter pylori in the U.S. Military Health System [published correction appears in *Mil Med*. 2020 Dec 30;185(11-12):e2201]. *Mil Med*. 2020;185(9-10):e1417 to e1419. doi:10.1093/milmed/usaa141
15. Katelaris P, Hunt R. World Gastroenterology Organisation Global Guidelines. Helicobacter pylori. <https://www.worldgastroenterology.org/guidelines/helicobacter-pylori/helicobacter-pylori-english>. Published 2010 (Updated 2021). Accessed August 2, 2023.
16. Dore MP, Pes GM. What Is New in Helicobacter pylori Diagnosis. An Overview. *J Clin Med*. 2021;10(10):2091. Published 2021 May 13. doi:10.3390/jcm10102091
17. Centene Clinical Policy CP.MP.153 Helicobacter Pylori Serology Testing, Version 09/30/2023



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Revision History	
10/31/2021	Annual review. References reviewed and updated. Reviewed by specialist.
10/09/2022	Annual review completed. References reviewed and updated.
09/30/2023	Annual review. Replaced all instances of “member” with “member/enrollee.” References reviewed and updated. Reviewed by external specialist.
03/06/2025	Changed applicable products from “All” to “Medicare.” Changed “Last Review Date” to “Date of Last Revision” in header.

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Fidelis Care. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Fidelis Care retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This payment policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Fidelis Care has no control or right of control. Providers are not agents or employees of Fidelis Care.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: **For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take



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precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to



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this payment policy.

Note: **For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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