

# Non-invasive testing for Helicobacter Pylori Infection

## Adjudication Guideline

**Rule Category:**  
Medical

**Ref: No:**  
2017-MN-028

**Version Control:**  
Version No. 3.0

**Effective Date:**  
27/08/2017

**Revision Date:**  
31/01/2025

**Approved by:**  
Daman

**Responsible:**  
Medical Standards  
& Research

**Related Adjudication  
Guidelines:**  
N/A

## Table of Contents

1.	Abstract.....	3
1.1	For Members .....	3
1.2	For Medical Professionals .....	3
2.	Scope.....	4
3.	Adjudication Policy .....	4
3.1	Eligibility / Coverage Criteria .....	4
3.2	Requirements for Coverage.....	5
3.3	Non-Coverage.....	5
3.4	Payment and Coding Rules.....	5
4.	Denial Codes.....	6
5.	Appendices .....	6
5.1	References .....	6
5.2	Revision History .....	7

# 1. Abstract

## 1.1 For Members

Helicobacter pylori (H. pylori) is an organism that is present in about 50% of the global population. Chronic H pylori cause atrophic and metaplastic changes in the stomach, and it has a known association with peptic ulcer disease.

This guideline highlights the indications of testing and identification of the organism.

Sign and symptoms include nausea, vomiting, epigastric pain, heartburn, in patients who are infected with H pylori.

## 1.2 For Medical Professionals

In patients with suspected H pylori infection, the following laboratory studies are performed to confirm the diagnosis:

- **H pylori fecal antigen test:** Results of stool antigen test aid in the definitive diagnosis of active H. Pylori. The stool antigen test can be used with patients of all ages and does not have any restrictions. Patients do not need to be off proton pump inhibitors, H2 Blockers or bismuth before testing.
- **Urea breath test:** Measures the C labelled carbon dioxide formed in the stomach when the urease produced by H. Pylori breaks down a sample of C-labelled urea. Breath testing requires patient to fast before ingesting a standard sample of labelled C and produce a breath sample. One of the limitations of this method is the possibility of false negative results when antibiotics are used to eradicate H. Pylori. Precautions should be taken with diabetics and phenylketourics.

Some UBT products have age restrictions. The performance characteristics of urea breath test for initial diagnosis and post-treatment monitoring for pediatric patients < 3 years of age have not been established.

## 2. Scope

The scope of this adjudication rule highlights the coverage of Urea breath test (UBT) and H-pylori stool analysis for health insurance plans administered by Daman subject to policy terms and conditions.

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

Test	Consideration
H. Pylori stool antigen test	The accuracy of the test may be reduced if the patient has upper gastrointestinal bleeding or if the stool is unformed or watery.
Urea Breath test	<p>Patient needs to be fasting.</p> <p>Patient should not have PPIs are withheld for 7 to 14 days and antibiotics and bismuth withheld for at least 28 days prior to urea breath testing to assess H pylori eradication .</p> <p>Urea breath test can also be an inconvenient for some patients including children, handicapped individuals and elderly.</p>

Overall, the Diagnostic accuracy of H. Pylori stool antigen testing (SAT) and Urea breath test (UBT) are comparable. It is recommended that either the breath or stool antigen tests are used as the preferred testing modalities for active H. pylori infection.

UBT may be difficult for certain patient populations due to the technique and inconvenience (fasting requirement and waiting period after eradication therapy).

If documentation of H pylori infection eradication is required, this may be done at the end of 4 weeks with a urea breath test, or at the end of 12 weeks with a faecal antigen test.

## 3.2 Requirements for Coverage

Daman has reconsidered its position towards H. Pylori testing via Serology and Urea Breath Testing based on the recent international recommendations, accordingly:

- Urea Breath Test will be covered if medically necessary for Enhanced and Thiqa plans.
- Coverage of Stool Antigen Testing will be in line with the SOB and as per medical necessity.
- ICD and CPT codes must be coded to the highest level of specificity.
- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.

## 3.3 Non-Coverage

- Daman will no longer be covering Serology for any plan.
- Urea Breath Test is not covered for basic plans
- H. Pylori antigen, serology or Urea breath testing are not covered under the Visitor Plan

## 3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT.

## 4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered

## 5. Appendices

### 5.1 References

- <http://bestpractice.bmj.com/best-practice/monograph/816/follow-up.html>
- <http://bestpractice.bmj.com/best-practice/monograph/816/diagnosis/tests.html>
- [http://gut.bmj.com/content/45/suppl\\_1/I18](http://gut.bmj.com/content/45/suppl_1/I18)
- [https://www.accessdata.fda.gov/cdrh\\_docs/pdf10/P100025c.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf10/P100025c.pdf)
- <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2036.2004.02203.x/pdf>
- <http://www.mayomedicallaboratories.com/articles/hottopics/2010-08a-h-pylori.html>
- <http://emedicine.staging.medscape.com/article/2117821-overview#showall>
- <https://www.geisingermedicallabs.com/catalog/details.cfm?tid=61>
- [http://www.gastrojournal.org/article/S0016-5085\(05\)01818-4/fulltext#H\\_pylori Tests](http://www.gastrojournal.org/article/S0016-5085(05)01818-4/fulltext#H_pylori_Tests)
- [https://www.oxhp.com/secure/policy/helicobacter\\_pylori\\_serology\\_testing.pdf](https://www.oxhp.com/secure/policy/helicobacter_pylori_serology_testing.pdf)
- [https://www.researchgate.net/publication/49806505\\_Efficacy\\_and\\_cost-effectiveness\\_of\\_the\\_13C-urea\\_breath\\_test\\_as\\_the\\_primary\\_diagnostic\\_investigation\\_for\\_the\\_detection\\_of\\_Helicobacter\\_pylori\\_infection\\_compared\\_to\\_invasive\\_and\\_non-invasive\\_diagnostic](https://www.researchgate.net/publication/49806505_Efficacy_and_cost-effectiveness_of_the_13C-urea_breath_test_as_the_primary_diagnostic_investigation_for_the_detection_of_Helicobacter_pylori_infection_compared_to_invasive_and_non-invasive_diagnostic)
- <http://web.a.ebscohost.com.proxy.library.rcsi.ie/ehost/detail/detail?vid=0&sid=a05519ff-1cf0-4444-9c69-d3cc8a68f844%40sessionmgr4007&bdata=JnNpdGU9ZWwhvc3QtbGl2ZQ%3d%3d#AN=22973378&db=cmedm>
- <http://www.aafp.org/afp/recommendations/viewRecommendation.htm?recommendationId=31868a84e5b992f%40sessionmgr4008&bdata=JnNpdGU9ZWwhvc3QtbGl2ZQ%3d%3d#AN=16270402&db=cmedm>

- <http://www.aafp.org/afp/recommendations/viewRecommendation.htm?recommendationId=318>
- [https://www.uptodate.com/contents/indications-and-diagnostic-tests-for-helicobacter-pylori-infection-in-adults?search=helicobacter%20pylori%20diagnosis%20and%20treatment&source=search\\_result&selectedTitle=1%7E150&usage\\_type=default&display\\_rank=1#H18](https://www.uptodate.com/contents/indications-and-diagnostic-tests-for-helicobacter-pylori-infection-in-adults?search=helicobacter%20pylori%20diagnosis%20and%20treatment&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1#H18)

## 5.2 Revision History

Date	Change(s)
27/08/2017	V 1.0 <ul style="list-style-type: none"> <li>• Creation of Adjudication Guideline-External Instruction Template.</li> </ul>
20/03/2019	V2.0 <ul style="list-style-type: none"> <li>• Changes in Billing Urea Breath Test.</li> </ul>
31/01/2025	V 3.0 <ul style="list-style-type: none"> <li>• General Content Review</li> <li>• References Updated</li> </ul>

### Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:

The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.

Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.

This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.

This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.