

# Article - Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs) (A56596)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">CGS Administrators, LLC</a>	MAC - Part A	15101 - MAC A	J - 15	Kentucky
<a href="#">CGS Administrators, LLC</a>	MAC - Part B	15102 - MAC B	J - 15	Kentucky
<a href="#">CGS Administrators, LLC</a>	MAC - Part A	15201 - MAC A	J - 15	Ohio
<a href="#">CGS Administrators, LLC</a>	MAC - Part B	15202 - MAC B	J - 15	Ohio

## Article Information

### General Information

**Article ID**

A56596

**Article Title**

Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs)

**Article Type**

Billing and Coding

**Original Effective Date**

01/07/2019

**Revision Effective Date**

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**Revision Ending Date**

N/A

**Retirement Date**

N/A

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## CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1.2 A/B Mac (B) Contacts With Independent Clinical Laboratories

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2 Travel Allowance

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, §10 Reporting ICD Diagnosis and Procedure Codes

## Article Guidance

### Article Text

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs) (L37364).

This contractor will provide limited coverage for Gastrointestinal Pathogen (GIP) molecular assays identified by multiplex nucleic acid amplification tests (NAATs). In immune competent beneficiaries, coverage is limited to no more than 5 bacterial targets (when not testing for clostridium difficile). Testing for 6-11 pathogens is covered when there is a clinical concern for clostridium difficile colitis, and clostridium difficile is one of the pathogens being tested.

Testing for 12 or more organisms will only be covered in critically ill or immunosuppressed patients.

### Billing and Coding Information:

To bill for GIP molecular assays identified by multiplex NAATs, please provide the following claim information:

- If the panel being used does not have its own proprietary CPT<sup>®</sup> code, use CPT<sup>®</sup> code 87505, 87506 or 87507
- For dates of service on or after 7/1/2019, laboratories billing for services using the BioFire<sup>®</sup> FilmArray<sup>®</sup> Gastrointestinal (GI) Panel (BioFire<sup>®</sup> Diagnostics) should report 0097U
- Enter 1 unit of service (UOS)
- Enter the appropriate CPT<sup>®</sup> code in the comment/narrative field for the following Part B claim field/types:
  - Loop 2400 or SV101-7 for the 5010A1 837P
  - Box 19 for paper claim
- Enter the appropriate CPT<sup>®</sup> code in the comment/narrative field for the following Part A claim field/types:
  - Line SV202-7 for 837I electronic claim
  - Block 80 for the UB04 claim form
- ICD-10-CM diagnosis code(s) as set forth below.

# Coding Information

## CPT/HCPCS Codes

### Group 1 Paragraph:

These codes are covered.

### Group 1 Codes:

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 Paragraph:

This code is covered in beneficiaries with immunodeficiency.

### Group 2 Codes:

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
0097U	GASTROINTESTINAL PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 22 TARGETS (CAMPYLOBACTER [C. JEJUNI/C. COLI/C. UPSALIENSIS], CLOSTRIDIUM DIFFICILE [C. DIFFICILE] TOXIN A/B, PLESIOMONAS SHIGELLOIDES, SALMONELLA, VIBRIO [V. PARAHAEMOLYTICUS/V. VULNIFICUS/V. CHOLERAЕ], INCLUDING SPECIFIC IDENTIFICATION OF VIBRIO CHOLERAЕ, YERSINIA ENTEROCOLITICA, ENTEROAGGREGATIVE ESCHERICHIA COLI [EAEC], ENTEROPATHOGENIC

CODE	DESCRIPTION
	ESCHERICHIA COLI [EPEC], ENTEROTOXIGENIC ESCHERICHIA COLI [ETEC] LT/ST, SHIGA-LIKE TOXIN-PRODUCING ESCHERICHIA COLI [STEC] STX1/STX2 [INCLUDING SPECIFIC IDENTIFICATION OF THE E. COLI O157 SEROGROUP WITHIN STEC], SHIGELLA/ENTEROINVASIVE ESCHERICHIA COLI [EIEC], CRYPTOSPORIDIUM, CYCLOSPORA CAYETANENSIS, ENTAMOEBA HISTOLYTICA, GIARDIA LAMBLIA [ALSO KNOWN AS G. INTESTINALIS AND G. DUODENALIS], ADENOVIRUS F 40/41, ASTROVIRUS, NOROVIRUS GI/GII, ROTAVIRUS A, SAPOVIRUS [GENOGROUPS I, II, IV, AND V])

### CPT/HCPCS Modifiers

N/A

### ICD-10-CM Codes that Support Medical Necessity

#### Group 1 Paragraph:

One of the following diagnosis codes must be on the claim to bill for 87505 or 87506.

#### Group 1 Codes:

CODE	DESCRIPTION
A00.0	Cholera due to Vibrio cholerae 01, biovar cholerae
A00.1	Cholera due to Vibrio cholerae 01, biovar eltor
A00.9	Cholera, unspecified
A01.00	Typhoid fever, unspecified
A01.09	Typhoid fever with other complications
A01.1	Paratyphoid fever A
A01.2	Paratyphoid fever B
A01.3	Paratyphoid fever C
A02.0	Salmonella enteritis
A02.8	Other specified salmonella infections
A03.0	Shigellosis due to Shigella dysenteriae
A03.1	Shigellosis due to Shigella flexneri
A03.2	Shigellosis due to Shigella boydii
A03.3	Shigellosis due to Shigella sonnei
A03.8	Other shigellosis
A04.0	Enteropathogenic Escherichia coli infection

CODE	DESCRIPTION
A04.1	Enterotoxigenic Escherichia coli infection
A04.2	Enteroinvasive Escherichia coli infection
A04.3	Enterohemorrhagic Escherichia coli infection
A04.5	Campylobacter enteritis
A04.6	Enteritis due to Yersinia enterocolitica
A04.71	Enterocolitis due to Clostridium difficile, recurrent
A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A04.9	Bacterial intestinal infection, unspecified
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning
A05.2	Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3	Foodborne Vibrio parahaemolyticus intoxication
A05.4	Foodborne Bacillus cereus intoxication
A05.5	Foodborne Vibrio vulnificus intoxication
A06.0	Acute amebic dysentery
A06.1	Chronic intestinal amebiasis
A06.2	Amebic nondysenteric colitis
A07.1	Giardiasis [lambliasis]
A07.2	Cryptosporidiosis
A07.4	Cyclosporiasis
A08.0	Rotaviral enteritis
A08.11	Acute gastroenteropathy due to Norwalk agent
A08.2	Adenoviral enteritis
A08.32	Astrovirus enteritis
A09	Infectious gastroenteritis and colitis, unspecified
A32.11	Listerial meningitis
A32.12	Listerial meningoencephalitis
A32.7	Listerial sepsis
K56.0	Paralytic ileus
M31.19	Other thrombotic microangiopathy
R10.0	Acute abdomen

CODE	DESCRIPTION
R19.7	Diarrhea, unspecified

**Group 2 Paragraph:**

To bill for 87507 or 0097U, an ICD-10 diagnosis code from Group 2 must be on the claim in addition to an ICD-10 diagnosis code from Group 1.

**Group 2 Codes:**

CODE	DESCRIPTION
A04.9	Bacterial intestinal infection, unspecified
A09	Infectious gastroenteritis and colitis, unspecified
B20	Human immunodeficiency virus [HIV] disease
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.9	Neutropenia, unspecified
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

CODE	DESCRIPTION
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
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
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
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other 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
D81.9	Combined immunodeficiency, unspecified
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

CODE	DESCRIPTION
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
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
D89.44	Hereditary alpha tryptasemia
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
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
K56.0	Paralytic ileus
R10.0	Acute abdomen
R19.7	Diarrhea, unspecified
T80.82XS	Complication of immune effector cellular therapy, sequela
Z92.850	Personal history of Chimeric Antigen Receptor T-cell therapy
Z92.858	Personal history of other cellular therapy
Z92.86	Personal history of gene therapy
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



CODE	DESCRIPTION
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

**ICD-10-CM Codes that DO NOT Support Medical Necessity**

N/A

**ICD-10-PCS Codes**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

**Revenue Codes**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**Other Coding Information**

N/A

# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2021	R13	Revision Effective: 10/01/2021 Revision Explanation: Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> added M31.19. Under <b>ICD-10 Codes that Support Medical Necessity Group 2: Codes</b> added D89.44, T80.82XS, Z92.850, Z92.858, and Z92.86. This revision is due to the Annual ICD-10 Code Update and is effective on 10/1/2021.
10/01/2021	R12	Revision Effective: 10/01/2021 Revision Explanation: Annual ICD-10 update. Under ICD-10-CM Codes that Support Medical Necessity Group 2 : Code added D89.44.
08/05/2021	R11	R11 Revision Effective: 08/05/2021 Revision Explanation: Under <b>CMS National Coverage Policy</b> removed regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15 §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests. Added regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories. Under <b>CPT/HCPCS Codes Group 1: Codes</b> moved 0097U from Group 1 codes to Group 2 codes. Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Paragraph</b> deleted 0097U. Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> added A00.0, A00.1, A00.9, A01.09, A01.1, A01.2, A01.3, A02.8, A05.4, A05.5, A06.0, A06.1, A06.2, A07.1, A07.2, A07.4, A08.0, A08.11, A08.2, A08.32, A32.11, A32.12, A32.7, K56.0, and R10.0. Deleted A02.9, B20, D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D80.8, D80.9, D81.0, D81.1, D81.2, D81.30, D81.31, D81.32, D81.39, D81.4, D81.5, D81.6, D81.7, D81.810, D81.818, D81.819, D81.89, D81.9, D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9, D83.0, D83.1, D83.2, D83.8, D83.9, D84.0, D84.1, D84.89, D84.9, D89.0, D89.1, D89.2, D89.3, D89.40, D89.41, D89.42, D89.43, D89.49, D89.810, D89.811, D89.812, D89.813, D89.82, D89.89, D89.9, Y92.239, Z94.0, Z94.1, Z94.2, Z94.3, Z94.4, Z94.5, Z94.6, Z94.81, Z94.82, Z94.83, and Z94.84. Under <b>ICD-10 Codes that Support Medical Necessity Group 2: Paragraph</b> revised to "To bill for 87507 or 0097U, an ICD-10 diagnosis code from Group 2 must be on the claim in addition to an ICD-10 diagnosis code from Group 1". Under <b>ICD-10 Codes that Support Medical Necessity Group 2: Codes</b> added A04.9, A09, D61.09, D61.1, D61.2, D61.3, D61.810, D61.811, D61.818, D61.82, D61.89, D61.9, D64.81, D64.89, D70.0, D70.1, D70.2, D70.3, D70.4, D70.9, D84.821, D84.822, K56.0, R10.0, and R19.7. Deleted D80.7, D81.819, D82.9, D84.9, D89.2, D89.40, D89.9, and Y92.239. Formatting, punctuation, and typographical errors were corrected throughout the article.
10/01/2020	R10	R10 Revision Effective: N/A Revision Explanation: Annual review, no changes made.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2020	R9	<p>R9</p> <p>Revision Effective: 10/01/2020</p> <p>Revision Explanation: Under ICD-10 Codes that Support Medical Necessity Group 1: Codes deleted D84.8 and added D89.831, D89.832, D89.833, D89.834, D89.835 and D89.839. Under ICD-10 Codes that Support Medical Necessity Group 2: Codes deleted D84.8 and added D89.831, D89.832, D89.833, D89.834, D89.835 and D89.839. Typographical errors were corrected throughout the article. This revision is due to the Annual ICD-10 Code Update and is effective on 10/1/20.</p>
01/01/2020	R8	<p>R8</p> <p>Revision Effective: 01/01/2020</p> <p>Revision Explanation: During the annual HCPCS update description of code 0097U was changed.</p>
11/14/2019	R7	<p>R7</p> <p>Revision Effective: 11/14/2019</p> <p>Revision Explanation: This article is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the <b>CMS National Coverage Policy</b> section of the related Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs) L37364 LCD and placed in this article. CPT<sup>®</sup> was inserted throughout the article where applicable.</p>
10/01/2019	R6	<p>R6</p> <p>Revision Effective: 10/01/2019</p> <p>Revision Explanation: ICD-10 code D81.3 was end dated during the annual ICD-10 update and replaced with code D81.30-D81.32 and D81.39</p>
09/19/2019	R5	<p>R5</p> <p>Revision Effective: 09/19/2019</p> <p>Revision Explanation: Converted article into new Billing and Coding template no other changes made.</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/01/2019	R4	<p>R4</p> <p>Revision Effective: 07/01/2019</p> <p>Revision Explanation: Removed the statement, "To bill for 87506, the claim must contain A04.71 or A04.72 plus at least one other code from the list." from group 1 ICD-10 paragraph. This is retroactive back to 05/23/2019.</p>
07/01/2019	R3	<p>R3</p> <p>Revision Effective: 07/01/2019</p> <p>Revision Explanation: Corrected policy number for Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs) L37364. Was listed as L37709 in error,</p>
07/01/2019	R2	<p>R2</p> <p>Revision Effective: 07/01/2019</p> <p>Revision Explanation: Added new code 0097U that becomes effective 07/01/2019 to be used for BioFire test. Missing dx from group 1 were added in the first revision of the article Z94.83 and Z94.84 which were effective 05/23/2019</p>
05/23/2019	R1	<p>R1</p> <p>Revision Effective: 05/23/2019</p> <p>Revision Explanation: Added codes A04.9, A09, and R19.7 to group 1 ICD-10 codes.</p>

## Associated Documents

### Related Local Coverage Documents

#### LCDs

[L37364 - Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests \(NAATs\)](#)

### Related National Coverage Documents

N/A

**Statutory Requirements URLs**

N/A

**Rules and Regulations URLs**

N/A

**CMS Manual Explanations URLs**

N/A

**Other URLs**

N/A

**Public Versions**

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09/08/2021	10/01/2021 - N/A	Future Effective (This Version)
08/20/2021	10/01/2021 - N/A	Future Effective
07/30/2021	08/05/2021 - 09/30/2021	Currently in Effect
11/16/2020	10/01/2020 - 08/04/2021	Superseded
09/21/2020	10/01/2020 - N/A	Superseded
12/18/2019	01/01/2020 - 09/30/2020	Superseded

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**Keywords**

N/A