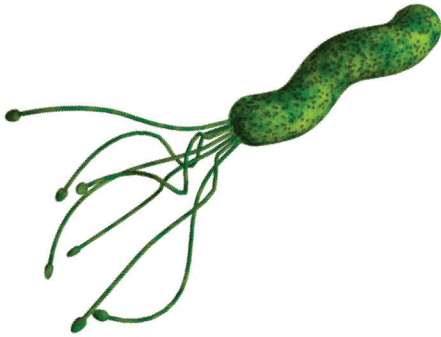


Urea Breath Test: Test Code 902147
Stool Antigen: Test Code 11939



The Urea Breath Test (UBT) and stool antigen test are recommended by both the American Gastroenterological Association (AGA) and the American College of Gastroenterologists (ACG) as the preferred non-invasive tests for diagnosis and confirmation of eradication.^{1,2} Both methods are highly sensitive and specific and useful for diagnosis, therapeutic monitoring, and test of cure.

Aetna | Clinical Policy Bulletin #0177: Helicobacter pylori Infection Testing

Aetna considers carbon isotope (¹³C or ¹⁴C) urea breath testing or stool antigen testing medically necessary in selected persons who meet any of the following criteria:

- Evaluation of new onset dyspepsia; or
- Evaluation of persons with persistent symptoms of dyspepsia despite 2 weeks of appropriate antibiotic therapy for *Helicobacter pylori*; or
- Recurrent dyspeptic symptoms suggesting re-infection with *H. pylori*; or
- Re-evaluation to assess success of eradication of *H. pylori* infection. [Note: Testing to ensure eradication should occur no sooner than 4 weeks post-treatment.]

This policy is consistent with guidelines of the American Gastroenterological Association (2005) and the American College of Gastroenterology (2007).

The American College of Gastroenterology no longer recommends serology for detection of *H. pylori* infection. A negative serology for *H. pylori* antibody can be used to rule out infection. However, a positive serology only determines that a patient has been exposed to *H. pylori* at some time in the past, but not whether the patient is currently infected. Studies indicate that about half of persons with a positive *H. pylori* serology do not have active infection (ACG, 2007). Moreover, serology cannot be used to show that *H. pylori* have been successfully eradicated after treatment, as antibody levels commonly remain elevated for months to years after treatment.

New guidelines from the American College of Gastroenterology indicate post treatment testing in all patients treated for *H. pylori* infection (ACG, 2007).

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Cigna | An Update on the AGA and ACG Guidelines for Helicobacter pylori (H. pylori) Testing

What is the H. pylori test of choice?

- The AGA recommends the urea breath test (UBT) or stool antigen (HpSA)[®] testing, as they both test for active infection. The AGA also recommends retesting patients who remain symptomatic for dyspepsia after eradication.
- 50% of patients with a positive serology do not have an active infection. Serologic use is no longer recommended because:
 - it has poor predictive value, and
 - it does NOT test for active infection, and
 - it does not confirm eradication.

Humana | H. pylori Testing Improves Peptic Ulcer Disease Outcomes

Three tests for H. pylori are available: serum, breath and stool. The serum H. pylori test does not reveal active disease because it tests for the antibody, not antigen; thus, 50 percent of patients with positive serology do not have active disease.

H. pylori antigen is optimally identified by a breath or stool test.

- The breath test requires the patient to be off certain medications for two weeks prior to the test, requires multiple samples and cannot be performed in children. The H. pylori breath test is 95 percent sensitive and 89 percent specific.
- The stool test, which does not require the patient to be off of medications, can be performed in children.

For more information, contact your Account Manager or visit www.SonoraQuest.com.

1. Talley NJ; American Gastroenterological Association. American Gastroenterological Association medical position statement: evaluation of dyspepsia. *Gastroenterology*. 2005;129:1753-1755.
2. Talley NJ, Vakil N; Practice Parameters Committee of the American College of Gastroenterology. Guidelines for the management of dyspepsia. *Am J Gastroenterol*. 2005;100:2324-2337.