Medical Policy
Fecal Calprotectin

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Policy Number: 329
BCBSA Reference Number: 2.04.69

Related Policies
- Fecal Analysis in the Diagnosis of Intestinal Dysbiosis, #556

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO Blue℠ and Medicare PPO Blue℠ Members

Fecal calprotectin testing is INVESTIGATIONAL in the diagnosis and management of intestinal conditions, including the diagnosis and management of inflammatory bowel disease.

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
This is NOT a covered service.

Commercial Members: PPO, and Indemnity
This is NOT a covered service.

Medicare Members: HMO Blue℠
This is NOT a covered service.

Medicare Members: PPO Blue℠
This is NOT a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.
CPT Codes

<table>
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<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tr>
<td>83993</td>
<td>Calprotectin, fecal</td>
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ICD-9 Diagnosis Codes

Investigational for all diagnoses.

Description

Inflammatory bowel disease (IBD) is a chronic inflammatory condition. There are two main forms of the disorder, Crohn’s disease and ulcerative colitis. Typical symptoms of episodes/exacerbations are diarrhea, defecation urgency, and sometimes rectal bleeding and abdominal pain.

Noninvasive diagnosis of inflammatory intestinal disease is difficult because the clinical manifestation of intestinal disorders and colon cancer are relatively non-specific. Thus, there is the need for simple, accurate, and noninvasive tests to detect intestinal inflammation.

Fecal markers have the potential for being more specific to the diagnosis of gastrointestinal tract disorders, since their levels are not elevated in extra-digestive processes. Fecal calprotectin is a calcium- and zinc-binding protein that is a potential marker of intestinal inflammation and has been proposed as a noninvasive test to diagnose IBD. Other potential uses are to evaluate response to treatment for patients with IBD, as a marker of relapse, and to distinguish between organic and functional intestinal disease.

Fecal calprotectin is released from neutrophils during activation or apoptosis/necrosis and has a role in regulating inflammatory processes. In addition to potentially higher sensitivity and specificity than serologic markers, a potential advantage of fecal calprotectin as a marker is that it has been shown to be stable in feces at room temperature for up to 1 week–leaving enough time for patients to collect samples at home and send them to a distant laboratory for testing. Potential disadvantages of fecal calprotectin as a marker of inflammation include that fecal calprotectin levels increase after use of non-steroidal anti-inflammatory drugs, that levels may change with age, and that bleeding (e.g., nasal or menstrual) may cause an elevated fecal calprotectin level. Moreover, there is uncertainty about the optimal cutoff to use to distinguish between inflammatory bowel disease and non-inflammatory disease.

Summary

Numerous studies have evaluated the ability of fecal calprotectin testing to distinguish between patients with inflammatory bowel disease and non-inflammatory bowel disease, the FDA-approved indication for the fecal calprotectin test. Generally, studies have shown that the fecal calprotectin test is reasonably accurate for this purpose when used in an appropriate patient population, that is, patients with clinical suspicion of inflammatory bowel disease based on examination and history. Studies have also examined the association between fecal calprotectin levels and the response to treatment or risk of relapse in patients known to have IBD.

However, studies have used various cutoffs to indicate an abnormally high fecal calprotectin level for diagnosing or monitoring patients and the optimal cutoff remains unknown. Moreover no prospective trials were identified that evaluated the clinical utility of the test; namely, the ability of test findings to improve patient management and/or health outcomes for any of its potential applications. Thus, due to the lack of a well-established cutoff and the absence of prospective trials demonstrating clinical utility, fecal calprotectin testing is considered investigational in the diagnosis and management of intestinal conditions.

Policy History

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<tr>
<th>Date</th>
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<tr>
<td>7/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>5/2013</td>
<td>New references from BCBSA National medical policy.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References