

If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Fecal Calprotectin Testing in Adults

Policy Number: CPCPLAB026

Version 1.0

Approval Date: February 5, 2025

Plan Effective Date: May 15, 2025

Description

The plan has implemented certain lab management reimbursement criteria. Not all

requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

NOTE: This policy is specific to individuals 18 years of age or older. Criteria below do not apply to individuals less than 18 years of age.

1. Fecal calprotectin testing for the differential diagnosis between non-inflammatory gastrointestinal disease (e.g., IBS) and inflammatory gastrointestinal disease (e.g., IBD) **may be reimbursable**.
2. Fecal calprotectin testing either to assess for response to therapy or for relapse or to monitor gastrointestinal conditions such as inflammatory bowel disease (IBD) **may be reimbursable**.
3. Fecal calprotectin testing for all other situations not discussed above **is not reimbursable**.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
83993

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
02/05/2025	05/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Added a note indicating this policy is specific to individuals 18 years of age or older; and criteria does not apply to individuals less than 18 years of age. Statements revised to remove leading statements "For individuals 18 years of age or older..." References revised.
09/13/2024	01/01/2025: New policy.