

	<b>Fecal Calprotectin Testing in Adults</b>	
	<b>Policy Number:</b> POL-PP-279 AHS – G2061	<b>Original Creation Date:</b> 7/1/2025
	<b>Version Number:</b> 002	<b>Version Effective Date:</b> 10/1/2025
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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input checked="" type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

**Description/Application**

Calprotectin is a small calcium-binding protein found in high concentration in the cytosol of neutrophils (Fagerhol et al., 1980) and to a lesser extent monocytes and macrophages (Hsu et al., 2009). Active intestinal inflammation and disturbance of the mucosa results in entrance of neutrophils (containing calprotectin) into the lumen and subsequent excretion in feces. Detection of fecal calprotectin is used to distinguish inflammatory bowel disease (IBD) from irritable bowel syndrome (IBS) and other causes of abdominal discomfort, bloating, and diarrhea (Walsham & Sherwood, 2016).

**Policy**

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

*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.*

Fecal calprotectin testing for the differential diagnosis between non-inflammatory gastrointestinal disease (e.g., IBS) and inflammatory gastrointestinal disease (e.g., IBD) **may be reimbursed**.

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 reimbursed**.

*The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual’s illness.*

Fecal calprotectin testing for all other situations not discussed above **may not be reimbursed**.

**Coding**

CPT	Code Description
83993	Calprotectin, fecal

**References and Resources**

Avalon Medical Policy AHS – G2061 – Fecal Calprotectin Testing in Adults

**Related Documents**

Avalon Medical Policy AHS - G2060 Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant

Avalon Medical Policy AHS – G2155 General Inflammation Testing

Avalon Medical Policy AHS – G2121 Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease

**Revision History**

Version	Date	Summary of Revisions
001	07/01/2025	Initial version

002

10/01/2025

Avalon 4th Quarter updates