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.

Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease

Policy Number: CPCPLAB035

Version 1.0

Approval Date: Sept. 26, 2025

Plan Effective Date: Jan. 3, 2026

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:

1. Fecal calprotectin **or** fecal lactoferrin testing (see Note 1) **may be reimbursable** for any of the following situations:
    a. For the differential diagnosis between non-inflammatory gastrointestinal disease (e.g., IBS) and inflammatory gastrointestinal disease (e.g., IBD).
    b. To monitor individuals with IBD (e.g., assess for response to therapy or relapse).

2. For all other situations not described above, fecal calprotectin and fecal lactoferrin testing **is not reimbursable**.

3. For the workup and monitoring of individuals with inflammatory bowel disease (IBD) the use of serologic markers including, but not limited to, the following **is not reimbursable**:
    a. Anti-neutrophil cytoplasmic antibody (ANCA),
    b. Anti-*Saccharomyces cerevisiae* antibody (ASCA),
    c. Perinuclear anti-neutrophilic cytoplasmic antibody (pANCA),
    d. Antibody to *Escherichia coli* outer membrane porin C (anti-OmpC),
    e. Antibody to *Pseudomonas fluorescens*-associated sequence I2 (anti-I2),
    f. Anti-CBir1 flagellin antibody (anti-cBir1),
    g. Antichitobioside antibodies (ACCA IgA),
    h. Antilaminaribioside antibodies (ALCA IgG),
    i. Antimannobioside antibodies (AMCA IgG),
    j. Pyruvate kinase M2 (PKM2)

4. The use of multianalyte serum biomarker panels (with or without algorithmic analysis) that are designed to distinguish between IBD and non-IBD or that are designed to diagnose or monitor IBD (e.g., ibs-smart™, IBSchek®, Prometheus® testing), **is not reimbursable**.

Note 1: Fecal calprotectin is the preferred biomarker. If fecal calprotectin and fecal lactoferrin are ordered at the same time, only fecal calprotectin will be approved.

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
82397, 83516, 83520, 83630, 83993, 86021, 86036, 86037, 86255, 86671, 88346, 88350, 0164U, 0176U, 0598U

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
09/26/2025	01/03/2026; Document updated with literature review. The following changes were made to Reimbursement Information: Combined CPCPLAB026 Fecal Calprotectin Testing in Adults into this policy, resulting in new #1 and #2: 1. "Fecal calprotectin or fecal lactoferrin testing (see Note 1) may be reimbursable for any of the following situations: a. For the differential diagnosis between non-inflammatory gastrointestinal disease (e.g., IBS) and inflammatory gastrointestinal disease (e.g., IBD). b. To monitor individuals with IBD (e.g., assess for response to therapy or relapse)." 2. "For all other situations not described above, fecal calprotectin and fecal lactoferrin testing is not reimbursable." Former #2, now #4 revised: "The use of multianalyte serum biomarker panels (with or without algorithmic analysis) that are designed to distinguish between IBD and non-IBD or that are designed to diagnose or monitor IBD (e.g. ibs-smart™, IBSchek®, Prometheus® testing) is not reimbursable." Added Note 1: "Fecal calprotectin is the preferred biomarker. If fecal calprotectin and fecal lactoferrin are ordered at the same time, only fecal calprotectin will be approved." Added codes 83630, 93993. References revised.
08/01/2025	10/01/2025; Added code 0598U effective 10/1/2025.
02/05/2025	05/15/2025; Document updated with literature review. Reimbursement Information revised to include ibs-smart™ as example in #2. References revised.
09/13/2024	01/01/2025: New policy.