

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Fecal Calprotectin Testing

MP9665

Covered Service: Yes

Prior Authorization Required: No

Additional Information: None

Prevea360 Health Plan Medical Policy:

- 1.0 Fecal calprotectin testing **does not** require prior authorization and is considered medically necessary for use in:
 - 1.1 Differentiating inflammatory bowel disease (e.g., Crohn’s disease, ulcerative colitis) from irritable bowel syndrome in members with symptoms that have lasted greater than four weeks; **OR**
 - 1.2 Monitoring/managing disease activity in inflammatory bowel disease.
- 2.0 Fecal calprotectin testing is considered experimental and investigational, and therefore not medically necessary for all other indications.

	Committee/Source	Date(s)
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