MEDICAL POLICY

POLICY TITLE	**SERUM ANTIBODY MARKERS FOR DIAGNOSING AND MONITORING INFLAMMATORY BOWEL DISEASE**
POLICY NUMBER	**MP 2.222**

CLINICAL BENEFIT	☐ MINIMIZE SAFETY RISK OR CONCERN. ☒ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☐ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	**RETIRED 7/1/2026**

I. POLICY

Determination of anti-neutrophil cytoplasmic antibody (ANCA) and anti-*Saccharomyces cerevisiae* antibody (ASCA) is considered **investigational** in the workup and monitoring of patients with inflammatory bowel disease.

There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with these procedures.

Cross-References:

MP 2.218 Pharmacogenomic and Metabolite Markers for Patients with Thiopurines
MP 2.277 Miscellaneous Genetic and Molecular Diagnostic Tests
MP 5.033 Wireless Capsule Endoscopy for Gastrointestinal (GI) Disorders

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:
https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies

III. DESCRIPTION/BACKGROUND

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Inflammatory bowel disease (IBD) can be subdivided into ulcerative colitis and Crohn's disease, both of which present with symptoms of diarrhea and abdominal pain. The definitive

diagnosis can usually be established by a combination of radiographic, endoscopic, and histologic criteria, although in 10–15%, the distinction between ulcerative colitis and Crohn's disease cannot be made with certainty.

The serum antibodies, ANCA and ASCA, have several potential uses. They can be used as diagnostic tests to improve the efficiency and accuracy of diagnosing IBD to decrease the extent of the diagnostic workup or to avoid invasive tests. As a diagnostic test, they might also be useful in differentiating between ulcerative colitis and Crohn's disease in cases of indeterminate colitis. A second potential use is to classify subtypes of IBD by location of disease (i.e., proximal vs. distal bowel involvement) or by disease severity, thereby providing prognostic information. It has also been proposed that these markers may predict response to anti-tumor necrosis factor (TNF) therapy or identify susceptibility to IBD among family members of an affected individual.

PROMETHEUS® IBD sgi Diagnostic™ is Prometheus' 4th-generation IBD diagnostic test and combines serologic, genetic, and inflammation markers, hence "sgi", in the proprietary Smart Diagnostic Algorithm for added diagnostic clarity. This test uses pattern recognition to assess 17 assay results, including proprietary biomarkers anti-CBir1, anti-OmpC, anti-FlaX, anti-A4-Fla2, and DNAse-sensitive pANCA.

Recent studies have identified serologic and genetic correlates of aggressive CD that is characterized by fistula formation, fibrostenosis, and the need for surgical intervention. Prometheus has developed a blood test that aims to identify patients with CD who are likely to experience an aggressive disease course.

Crohn's Prognostic (Prometheus Therapeutics & Diagnostics) is a panel of 6 serologic (n=3) and genetic (n=3) biomarkers. Serologic markers include ASCA IgA, ASCA IgG and priority markers anti-CBir1, anti-I2, anti-OMPC, and DNAse sensitive pANCA. Genetic markers include NOD2 variants (SNPS 8, 12, 13). Limited information about the test is available on the manufacturer's website. An UpToDate article titled "Clinical Spectrum of Antineutrophil cytoplasmic autoantibodies" states that "The pathogenetic significance of these antibodies is unclear. The titers of ANCA do not vary with the activity or severity of the disease and, in ulcerative colitis, do not fall after colectomy."

Regulatory Status

Serum testing for ANCA and ASCA does not require U.S Food and Drug Administration (FDA) approval.

IV. RATIONALE

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SUMMARY OF EVIDENCE

A number of studies have examined the association between the serologic markers ASCA and ANCA and inflammatory bowel disease. Systematic reviews have found relatively low sensitivity and moderately high specificity. Moreover, the clinical utility of these assays has not been demonstrated. No studies demonstrated the use of these markers in lieu of a standard workup for IBD. A number of authors claim that these markers can be used to avoid invasive

testing, but no studies demonstrated an actual decrease in the number of invasive tests through use of serum markers. These technologies are investigational for the diagnosis and monitoring of inflammatory bowel disease given the insufficient evidence to evaluate the impact on net health outcome.

V. DEFINITIONS

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N/A

VI. DISCLAIMER

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Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as required by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These polices are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

VII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational; therefore, not covered:

Procedure Codes								
81401	81479	81599	82397	83516	83520	84999	86021	86036
86037	86255	86671	88346	88350				

VIII. REFERENCES

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12. *Nestlé Health Science Press Release. Prometheus Launches Next Generation IBD Diagnostic Test. 2011;*
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IX. POLICY HISTORY

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MP 2.222	**01/23/2020 Consensus Review.** No change to policy statements. References updated. Coding reviewed.
	01/05/2021 Consensus Review. No change to policy statements. Updated name of MP 2.329 for Cross-Reference. Updated Background with most current Prometheus test. References updated. Coding reviewed. Added codes 81479, 82397, 83516, 83520, 86021, 86140, 86671, 88346, and 88350.
	03/11/2022 Consensus Review. Added codes 86036 and 86037. Removed 86140. No change to policy statement. Cross references, FEP, references updated.
	09/06/2023 Consensus Review. Changed title to include 'monitoring'. Added Prometheus Crohn's Prognostic test information to background and associated codes to coding table. Updated references.
	01/19/2024 Administrative Update. Clinical benefit added.
	10/21/2024 Consensus Review. No change to policy statement. Updated cross-references, references. Coding reviewed, no changes.
	07/09/2025 Consensus review. No change to policy intent. Updated references. Coding review. No changes.
	10/08/2025 Administrative Update. Removed Benefit Variations Section and updated Disclaimer.
	03/04/2026 Retirement Review. Evicore delegation.

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