



# Measurement of Faecal Calprotectin as a marker of bowel inflammation

Last updated: 27 October 2021

- As part of the 2021-22 Budget the Australian Government announced that Faecal Calprotectin (FC) testing would be listed on the Medicare Benefits Schedule (MBS) from 1 November 2021.
- FC testing can be used in differentiating the diagnosis of Irritable Bowel Syndrome (IBS) from Inflammatory Bowel Disease (IBD).
- The two new items to be listed on the MBS include an item to test FC levels as requested by a Medical Practitioner (66522) and an item for follow-up testing of FC levels as requested by a Specialist Gastroenterologist (66523).

## What are the changes?

From 1 November 2021 two new MBS items will be available to eligible patients, for the differential diagnosis of IBS and IBD. FC testing has shown improved diagnostic performance (sensitivity and specificity), while being safer and significantly cheaper than endoscopy/biopsy. The two new items include:

- A new MBS item 66522 for FC testing of patients with gastrointestinal symptoms suggestive of inflammatory or functional bowel disease presenting to a Medical Practitioner. These patients must:
  - have been experiencing symptoms suggestive of inflammatory or functional bowel disease for more than 6-weeks;
  - not be older than 50 years of age;
  - have had infectious causes excluded;
  - have a low likelihood of malignancy; and
  - must not be presenting with any clinical alarms (these include but are not limited to unexplained weight loss, anaemia, melaena, rectal bleeding, diarrhoea, family history of colon cancer or IBD or coeliac disease).
- A new MBS item 66523 for FC testing of patients presenting to a Specialist Gastroenterologist, where the initial FC test (66522) was inconclusive (50-100 ug/g) and the Specialist feels an endoscopic examination is not initially warranted.

These MBS items are to be used for diagnosis of IBD and are not intended for monitoring of FC levels.

## Why are the changes being made?

In November 2019, the Medical Services Advisory Committee (MSAC) supported the creation of new MBS items for FC testing for the differential diagnosis of IBS and IBD. MSAC advised that FC testing had acceptable diagnostic performance (sensitivity and specificity), evidence for comparative effectiveness and clinical utility, while being safer and significantly cheaper than endoscopy/biopsy with specialist referral. Following the recommendation, the Australian Government agreed to public funding of new items as part of the 2021-22 Budget.



The item is to be listed in the *Health Insurance (Pathology Services Table) 2020, Group P2 – Chemical*.

## What does this mean for providers/referrers/other stakeholders?

Medical Practitioners will be able to request MBS funded FC testing under item 66522 and Specialist Gastroenterologists will additionally be able to request a subsequent MBS funded FC test under item 66523.

To be eligible for Medicare rebates, laboratories providing this service must be accredited according to the pathology accreditation standards specified in the *Health Insurance (Accredited Pathology Laboratories-Approval) Principles 2017*.

## How will these changes affect patients?

The purpose of the services is to distinguish between IBS and IBD through a FC measurement, a marker of chronic inflammation, and therefore reduce the number of patients for which an endoscopy/colonoscopy is required.

From 1 November 2021 eligible patients under 50 years can receive a Medicare rebate for FC testing to diagnose IBD when requested by a Medical Practitioner or Specialist Gastroenterologist.

## Who was consulted on the changes?

Consultation has been undertaken with key stakeholders, clinical experts and providers, and consumer health representatives as part of the MSAC process.

## How will the changes be monitored and reviewed?

The new MBS items will be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of the items and fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

The new MBS items will be reviewed by MSAC approximately 24 months post-implementation.

## Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at [www.mbsonline.gov.au](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.



If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The MSAC Public Summary Document provides the full MSAC advice to the Minister and is available via the Department's website at [www.msac.gov.au/internet/msac/publishing.nsf/Content/1353.1-public](http://www.msac.gov.au/internet/msac/publishing.nsf/Content/1353.1-public).

The data file for software vendors was released on 22 September 2021 and can be accessed via the MBS Online website under the [Downloads](#) page.

*Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.*

*This sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.*