

190.34 - Fecal Occult Blood Test

Description

The Fecal Occult Blood Test (FOBT) detects the presence of trace amounts of blood in stool. The procedure is performed by testing one or several small samples of one, two or three different stool specimens.

This test may be performed with or without evidence of iron deficiency anemia, which may be related to gastrointestinal blood loss. The range of causes for blood loss include inflammatory causes, including acid-peptic disease, non-steroidal anti-inflammatory drug use, hiatal hernia, Crohn's disease, ulcerative colitis, gastroenteritis, and colon ulcers. It is also seen with infectious causes, including hookworm, strongyloides, ascariasis, tuberculosis, and enteroamebiasis. Vascular causes include angiodysplasia, hemangiomas, varices, blue rubber bleb nevus syndrome, and watermelon stomach. Tumors and neoplastic causes include lymphoma, leiomyosarcoma, lipomas, adenocarcinoma and primary and secondary metastases to the GI tract. Drugs such as nonsteroidal anti-inflammatory drugs also cause bleeding. There are extra gastrointestinal causes such as hemoptysis, epistaxis, and oropharyngeal bleeding. Artifactual causes include hematuria, and menstrual bleeding. In addition, there may be other causes such as coagulopathies, gastrostomy tubes or other appliances, factitial causes, and long distance running.

Three basic types of fecal hemoglobin assays exist, each directed at a different component of the hemoglobin molecule.

1. Immunoassays recognize antigenic sites on the globin portion and are least affected by diet or proximal gut bleeding, but the antigen may be destroyed by fecal flora.
2. The heme-porphyrin assay measures heme-derived porphyrin and is least influenced by enterocolic metabolism or fecal storage. This assay does not discriminate dietary from endogenous heme. The capacity to detect proximal gut bleeding reduces its specificity for colorectal cancer screening but makes it more useful for evaluating overall GI bleeding in case finding for iron deficiency anemia.
3. The guaiac-based test is the most widely used. It requires the peroxidase activity of an intact heme moiety to be reactive. Positivity rates fall with storage. Fecal hydration such as adding a drop of water increases the test reactivity but also increases false positivity.

Of these three tests, the guaiac-based test is the most sensitive for detecting lower bowel bleeding. Because of this sensitivity, it is advisable, when it is used for screening, to defer the guaiac-based test if other studies of the colon are performed prior to the test. Similarly, this test's sensitivity may result in a false positive if the patient has recently ingested meat. Both of these cautions are appropriate when the test is used for screening, but when appropriate indications are present, the test should be done despite its limitations.



HCPCS Codes (Alphanumeric, CPT[®] AMA)

Code	Description
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening

ICD-9-CM Codes Covered by Medicare Program

The individual ICD-9-CM codes included in code ranges in the table below can be viewed on CMS' website under Downloads: Lab Code List. The link is: <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD9.html>

Code	Description
003.0	Salmonella gastroenteritis
003.1	Salmonella septicemia
004.0-004.9	Shigellosis
005.0-005.4, 005.81, 005.89, 005.9	Other food poisoning (bacterial)
006.0-006.9	Amebiasis
007.0-007.9	Other protozoal intestinal diseases
008.41-008.49	Intestinal infections due to other specified bacteria
009.0-009.3	Ill-defined intestinal infections
014.00-014.86	Tuberculosis of intestines, peritoneum, and mesenteric glands
040.2	Whipple's disease
095.2	Syphilitic peritonitis
095.3	Syphilis of liver
098.0	Gonococcal infection, acute, lower genitourinary tract
098.7	Gonococcal Infection anus and rectum
098.84	Gonococcal endocarditis
123.0-123.9	Other cestode infection
124	Trichinosis
127.0-127.9	Other intestinal helminthiases
139.8	Late effects of other and unspecified infectious and parasitic diseases
150.0-157.9	Malignant neoplasm of digestive organisms
159.0-159.9	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum
176.3	Kaposi's sarcoma, gastrointestinal sites
197.4-197.5	Secondary malignant neoplasm of intestines
197.8	Secondary malignant neoplasm of other digestive organs & spleen
199.0	Disseminated malignant neoplasm
204.00-204.01	Acute lymphoid leukemia, without mention of having achieved remission and in remission
204.02	Acute lymphoid leukemia, in relapse

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Code	Description
204.10-204.11	Chronic lymphoid leukemia, without mention of having achieved remission and in remission
204.12	Chronic lymphoid leukemia, in relapse
204.20-204.21	Subacute lymphoid leukemia, without mention of having achieved remission and in remission
204.22	Subacute lymphoid leukemia, in relapse
204.80-204.81	Other lymphoid leukemia, without mention of having achieved remission and in remission
204.82	Other lymphoid leukemia, in relapse
204.90-204.91	Unspecified lymphoid leukemia, without mention of having achieved remission and in remission
204.92	Unspecified lymphoid leukemia, in relapse
205.00-205.01	Acute myeloid leukemia, without mention of having achieved remission and in remission
205.02	Acute myeloid leukemia, in relapse
205.10-205.11	Chronic myeloid leukemia, without mention of having achieved remission and in remission
205.12	Chronic myeloid leukemia, in relapse
205.20-205.21	Subacute myeloid leukemia, without mention of having achieved remission and in remission
205.22	Subacute myeloid leukemia, in relapse
205.30-205.31	Myeloid sarcoma, without mention of having achieved remission and in remission
205.32	Myeloid sarcoma, in relapse
205.80-205.81	Other myeloid leukemia, without mention of having achieved remission and in remission
205.82	Other myeloid leukemia, in relapse
205.90-205.91	Unspecified myeloid leukemia, without mention of having achieved remission and in remission
205.92	Unspecified myeloid leukemia, in relapse
206.00-206.01	Acute monocytic leukemia, without mention of having achieved remission and in remission
206.02	Acute monocytic leukemia, in relapse
206.10-206.11	Chronic monocytic leukemia, without mention of having achieved remission and in remission
206.12	Chronic monocytic leukemia, in relapse
206.20-206.21	Subacute monocytic leukemia, without mention of having achieved remission and in remission
206.22	Subacute monocytic leukemia, in relapse
206.80-206.81	Other monocytic leukemia, without mention of having achieved remission and in remission
206.82	Other monocytic leukemia, in relapse
206.90-206.91	Unspecified monocytic leukemia, without mention of having achieved remission and in remission

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Code	Description
206.92	Unspecified monocytic leukemia, in relapse
207.00-207.01	Acute erythremia and erythroleukemia, without mention of having achieved remission and in remission
207.02	Acute erythremia and erythroleukemia, in relapse
207.10-207.11	Chronic erythremia, without mention of having achieved remission and in remission
207.12	Chronic erythremia, in relapse
207.20-207.21	Megakaryocytic leukemia, without mention of having achieved remission and in remission
207.22	Megakaryocytic leukemia, in relapse
207.80-207.81	Other specified leukemia, without mention of having achieved remission and in remission
207.82	Other specified leukemia, in relapse
208.00-208.01	Acute leukemia of unspecified cell type, without mention of having achieved remission and in remission
208.02	Acute leukemia of unspecified cell type, in relapse
208.10-208.11	Chronic leukemia of unspecified cell type, without mention of having achieved remission and in remission
208.12	Chronic leukemia of unspecified cell type, in relapse
208.20-208.21	Subacute leukemia of unspecified cell type, without mention of having achieved remission and in remission
208.22	Subacute leukemia of unspecified cell type, in relapse
208.80-208.81	Other leukemia of unspecified cell type, without mention of having achieved remission and in remission
208.82	Other leukemia of unspecified cell type, in relapse
208.90-208.91	Unspecified leukemia of unspecified cell type, without mention of having achieved remission and in remission
208.92	Unspecified leukemia of unspecified cell type, in relapse
209.00-209.03	Malignant carcinoid tumors of the small intestine
209.10-209.17	Malignant carcinoid tumors of the appendix, large intestine & rectum
209.40-209.43	Benign carcinoid tumors of the small intestine
209.50-209.57	Benign carcinoid tumors of the appendix, large intestine and rectum
209.70	Secondary neuroendocrine tumor, unspecified site
209.71	Secondary neuroendocrine tumor of distant lymph nodes
209.72	Secondary neuroendocrine tumor of liver
209.73	Secondary neuroendocrine tumor of bone
209.74	Secondary neuroendocrine tumor of peritoneum
209.75	Secondary Merkel cell carcinoma
209.79	Secondary neuroendocrine tumor of other sites
211.0-211.9	Benign neoplasm of other parts of digestive system
228.04	Hemangioma of intra-abdominal structures
230.2-230.9	Carcinoma in situ of digestive organs

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Code	Description
235.2	Neoplasm of uncertain behavior of stomach, intestines, and rectum
235.5	Neoplasm of uncertain behavior of other & unspecified digestive organs
239.0	Neoplasm of unspecified nature, digestive system
280.0-280.9	Iron deficiency anemias
284.2	Myelophthisis
285.0-285.29	Siderblastic anemia and anemia of other chronic disease
285.3	Antineoplastic chemotherapy induced anemia
285.8-285.9	Other and unspecified anemias
286.0-286.9	Coagulation defects
287.0-287.39	Allergic purpura; qualitative platelet defects; other non-thrombocytopenic purpuras; primary thrombocytopenia
287.41	Posttransfusion purpura
287.49	Other secondary thrombocytopenia
287.5-287.9	Thrombocytopenia, unspecified; other specified and unspecified hemorrhagic conditions
338.3	Neoplasm related pain (acute) (chronic)
448.0	Hereditary hemorrhagic telangiectasia
455.0-455.8	Hemorrhoids
456.0-456.21	Esophageal varices with or without mention of bleeding
530.10-530.21, 530.3-530.7, 530.81-530.89, 530.9	Diseases of the esophagus
531.00-535.61	Gastric ulcer; duodenal ulcer; peptic ulcer, site unspecified; gastrojejunal ulcer; and gastritis and duodenitis
535.70	Eosinophilic gastritis, without mention of obstruction
535.71	Eosinophilic gastritis, with obstruction
536.2	Persistent vomiting
536.8-536.9	Dyspepsia and other specified and unspecified functional disorders of stomach
537.0-537.4	Other disorders of stomach and duodenum
537.82-537.83	Angiodysplasia of stomach and duodenum
537.84	Dieulafoy lesion (hemorrhagic) of stomach and duodenum
537.89	Other specified disorders of stomach and duodenum
555.0-558.3	Non-infectious enteritis and colitis
558.41	Eosinophilic gastroenteritis
558.42	Eosinophilic colitis
558.9	Non-infectious enteritis and colitis
560.0-560.2	Intestinal obstruction: intussusceptions, paralytic ileus, volvulus
560.30	Impaction of intestine, unspecified
560.31	Gallstone ileus
560.32	Fecal impaction
560.39	Other impaction of intestine

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Code	Description
562.10-562.13	Diverticulosis/diverticulitis of colon
564.00-564.9	Functional digestive disorders, not elsewhere classified
565.0-565.1	Anal fissure and fistula
569.0	Anal and rectal polyp
569.1	Rectal prolapse
569.3	Hemorrhage of rectum and anus
569.41 - 569.44, 569.49	Other specified disorders of rectum and anus
569.82-569.83	Ulceration and perforation of intestine
569.84-569.85	Angiodysplasia of intestine with or without mention of hemorrhage
569.86	Dieulafoy lesion (hemorrhagic) of intestine
569.87	Vomiting of fecal matter
571.0 - 571.9	Chronic liver disease and cirrhosis
577.0-577.9	Diseases of the pancreas
578.0-578.9	Gastrointestinal hemorrhage
579.0	Celiac disease
579.8	Other specified intestinal malabsorption
596.1	Intestinovesical fistula
617.5	Endometriosis of intestine
780.71	Chronic fatigue syndrome
780.72	Functional quadriplegia
780.79	Other malaise and fatigue
783.0	Anorexia
783.21	Abnormal loss of weight
787.01-787.03	Nausea and vomiting
787.04	Bilious emesis
787.1	Heartburn
787.20	Dysphagia, unspecified
787.21	Dysphagia, oral phase
787.22	Dysphagia, oropharyngeal phase
787.23	Dysphagia, pharyngeal phase
787.24	Dysphagia, pharyngo-esophageal phase
787.29	Other dysphagia
787.7	Abnormal feces
787.91	Diarrhea
787.99	Other symptoms involving digestive system
789.00-789.09	Abdominal pain
789.30-789.39	Abdominal or pelvic swelling, mass, or lump
789.40-789.49	Abdominal rigidity
789.51	Malignant ascites
789.59	Other ascites
789.60-789.69	Abdominal tenderness

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Code	Description
789.7	Colic
790.92	Abnormal coagulation profile
792.1	Nonspecific abnormal findings in stool contents
793.6	Nonspecific (abnormal) findings on radiological and other examination, abdominal area, including retroperitoneum
794.8	Nonspecific abnormal results of function studies, liver
863.0-863.90	Injury to gastrointestinal tract
863.91-863.95, 863.99	Injury to gastrointestinal tract
864.00-864.09	Injury to liver without mention of open wound into cavity
864.11-864.19	Injury to liver with open wound into cavity
866.00-866.03	Injury to kidney without mention of open wound into cavity
866.10-866.13	Injury to kidney with open wound into cavity
902.0 -902.9	Injury to blood vessels of abdomen and pelvis
926.11-926.19	Crushing injury of trunk, other specified sites
926.8	Crushing injury of trunk, multiple sites
926.9	Crushing injury of trunk, unspecified site
964.2	Poisoning by agents primarily affecting blood constituents, anticoagulants
995.20	Unspecified adverse effect of unspecified drug, medicinal and biological substance
995.24	Failed moderate sedation during procedure
V10.00-V10.09	Personal history of malignant neoplasm, gastrointestinal tract
V12.00	Personal history of unspecified infectious and parasitic disease
V12.72	Personal history of colonic polyps
V58.61	Long term (current) use of anticoagulants
V58.63-V58.65	Long-term (current) drug use
V58.66	Long-term (current) use of aspirin
V58.69	Long term (current) use of other medications
V67.51	Following treatment w/ high risk medication, not elsewhere specified

Indications

1. To evaluate known or suspected alimentary tract conditions that might cause bleeding into the intestinal tract.
2. To evaluate unexpected anemia.
3. To evaluate abnormal signs, symptoms, or complaints that might be associated with loss of blood.
4. To evaluate patient complaints of black or red-tinged stools.

Limitations

1. The FOBT is reported once for the testing of up to three separate specimens (comprising either one or two tests per specimen).

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2. In patients who are taking non-steroidal anti-inflammatory drugs and have a history of gastrointestinal bleeding but no other signs, symptoms, or complaints associated with gastrointestinal blood loss, testing for occult blood may generally be appropriate no more than once every three months.

When testing is done for the purpose of screening for colorectal cancer in the absence of signs, symptoms, conditions, or complaints associated with gastrointestinal blood loss, report the HCPCS code for colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations should be used.

ICD-9-CM Codes That Do Not Support Medical Necessity

Any ICD-9-CM code not listed in either of the ICD-9-CM covered or non-covered sections.

Sources of Information

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