

## **190.34 - Fecal Occult Blood Test**

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### **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.



**Medicare National Coverage Determinations (NCD)  
Coding Policy Manual and Change Report (ICD-10-CM)**

**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-10-CM Codes Covered by Medicare Program**

The ICD-10-CM codes in the table below can be viewed on CMS' website as part of  
Downloads: Lab Code List, at  
<http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10.html>

Code	Description
A02.0	Salmonella enteritis
A02.1	Salmonella sepsis
A03.0	Shigellosis due to Shigella dysenteriae
A03.1	Shigellosis due to Shigella flexneri
A03.2	Shigellosis due to Shigella boydii
A03.3	Shigellosis due to Shigella sonnei
A03.8	Other shigellosis
A03.9	Shigellosis, unspecified
A04.5	Campylobacter enteritis
A04.6	Enteritis due to Yersinia enterocolitica
A04.71	Enterocolitis due to Clostridium difficile, recurrent
A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning
A05.2	Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3	Foodborne Vibrio parahaemolyticus intoxication
A05.4	Foodborne Bacillus cereus intoxication
A05.5	Foodborne Vibrio vulnificus intoxication
A05.8	Other specified bacterial foodborne intoxications
A05.9	Bacterial foodborne intoxication, unspecified
A06.0	Acute amebic dysentery
A06.1	Chronic intestinal amebiasis
A06.2	Amebic nondysenteric colitis