

NCD - Fecal Occult Blood Test (190.34)

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Tracking Information

Publication Number

100-3

Manual Section Number

190.34

Manual Section Title

Fecal Occult Blood Test

Version Number

1

Effective Date of this Version

11/25/2002

Implementation Date

01/01/2003

Description Information

Benefit Category

Diagnostic Laboratory Tests

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Item/Service 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, 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. Artifacts 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.

Indications and Limitations of Coverage

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).
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.

Note: Scroll down for links to the quarterly Covered Code Lists (including narrative).

Cross Reference

Also see the NCD for Colorectal Cancer Screening Tests (§[210.3](#)) and the [Medicare Claims Processing Manual](#), Chapter 120, Clinical Laboratory Services Based on Negotiated Rulemaking.

Transmittal Information

Transmittal Number

17

Coverage Transmittal Link

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R17NCD.pdf>

Revision History

07/2002 - Implemented NCD. Effective date 11/25/02. Implementation date 1/01/03. ([TN AB-02-110](#)) (CR 2130)

07/2004 - Published NCD in the NCD Manual without change to narrative contained in PM AB-02-110. Coding guidance now published in Medicare Lab NCD Manual. Effective and Implementation dates NA. ([TN 17](#)) (CR 2130)

Other

Covered Code Lists (including narrative)

July 2022 (PDF) ([ICD-10](#))

April 2022 (PDF) ([ICD-10](#))

January 2022 (PDF) ([ICD-10](#))

October 2021 (PDF) ([ICD-10](#))

July 2021 (PDF) ([ICD-10](#))

April 2021 (PDF) ([ICD-10](#))

January 2021 (PDF) ([ICD-10](#))

October 2020 (PDF) ([ICD-10](#))

July 2020 (PDF) ([ICD-10](#))

April 2020 (PDF) ([ICD-10](#))

January 2020 (PDF) ([ICD-10](#))

October 2019 (PDF) ([ICD-10](#))

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July 2018 (PDF) ([ICD-10](#))

April 2018 (PDF) ([ICD-10](#))

January 2018 ([ICD-10](#))

October 2017 ([ICD-10](#))

July 2017 ([ICD-10](#))

April 2017 ([ICD-10](#))

January 2017 ([ICD-10](#))

October 2016 ([ICD-10](#))

January 2016 ([ICD-10](#))

October 2015 ([ICD-10](#), [ICD-9](#))

October 2014 ([ICD-10](#), [ICD-9](#))

Changes to Lab NCD Edit Software

[April 2022](#)

[January 2022](#)
[October 2021](#)
[July 2021](#)
[October 2020](#)
[April 2020](#)
[January 2020](#)
[October 2019](#)
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[January 2016](#)
[October 2014](#)

National Coverage Analyses (NCAs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with NCAs, from the National Coverage Analyses database.

- Original Consideration for Screening Immunoassay Fecal-Occult Blood Test (CAG-00180N)

Coding Analyses for Labs (CALs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with CALs, from the Coding Analyses for Labs database.

- Original Consideration for Prothrombin Time and Fecal Occult Blood (Revision of ICD-9-CM Codes for Injury to Gastrointestinal Tract) (CAG-00187N)

Additional Information

Other Versions

Title	Version	Effective Between
Fecal Occult Blood Test	1	11/25/2002 - N/A