certainty for that encounter/visit, such as signs, symptoms, abnormal test results, exposure to communicable disease or other reasons for the visit. (From Coding Clinic for ICD–9–CM, Fourth Quarter 1995, page 45.)

5. When a non-specific ICD–9 code is submitted, the underlying sign, symptom, or condition must be related to the indications for the test above.

Medicare National Coverage Decision for Fecal Occult Blood

Description:

The fecal occult blood test 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, stronglyoidal 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 (alpha numeric, CPT © AMA)

Code	Descriptor
82270	Blood, occult; feces, 1–3 simultaneous determinations

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. Code 82270 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.

3. 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, HCPCS code G0107 (Colorectal cancer screening; fecal-occult blood test, 1–3 simultaneous determinations) should be used. Coverage of colorectal cancer screening is described in HCFA Program Memorandum Transmittal No. AB–97–24 (November, 1997).

ICD–9–CM Codes Covered by Medicare Program

Code	Description
003.0	Salmonella gastroenteritis
003.1	Salmonella septicemia
004.0–004.9	Shigellosis
005.0–005.9	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

Code	Description
095.3	Syphilis of liver
098.0	Gonococcal infections, acute, lower enitourinary tract
098.7	Gonococcal infection anus and rectum
098.84	Gonococcal endocaritis
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—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 and spleen
199.0	Disseminated malignant neoplasm
204.00–204.91	Lymphoid leukemia
205.00–208.91	Leukemia
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
235.2	Neoplasm of uncertain behavior of stomach, intestines, and rectum
235.5	Neoplasm of uncertain behavior of other and unspecified digestive organs
239.0	Neoplasm of unspecified nature, digestive system
280.0–280.9	Iron deficiency anemias
285.0–285.9	Other and unspecified anemias
286.0–286.9	Coagulation defects
287.0–287.9	Purpura and other hemorrhagic conditions
448.0	Hereditary hemorrhagic telangiectasia
455.0–455.8	Hemorrhoids
456.0–456.21	Esophageal varices with or without mention of bleeding
530.10–535.61	Diseases of the esophagus, stomach, and duodenum
536.2	Persistent vomiting
536.8–536.9	Dyspepsia and other specified and unspecified functional disorders of the stomach
537.0–537.4	Other disorders of stomach and duodenum
537.82–537.83	Angiodysplasia of stomach and duodenum
537.89	Other specified disorders of stomach and duodenum
555.0–558.9	Non-infectious enteritis and colitis
560.0–560.39	Intestinal obstruction/impaction without mention of hernia
562.10–562.13	Diverticulosis/diverticulitis of colon
564.0–564.9	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
569.41–569.49	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
571.0–571.9	Chronic liver disease and cirrhosis
577.0	Acute pancreatitis
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
780.79	Other malaise and fatigue
783.0	Anorexia
783.2	Abnormal loss of weight
787.01–787.03	Nausea and vomiting
787.1	Heartburn
787.2	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
789.5	Ascites
789.60–789.69	Abdominal tenderness
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

Code	Description
863.0–863.90	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
995.2	Unspecified adverse effect of drug, medicinal, and biological substance
V10.00–.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
V58.69	Long term (current) use of other medications
V67.51	Following treatment with high risk medication, not elsewhere specified

Reasons for Denial

Note: This section was not negotiated by the Negotiated Rulemaking Committee. This section includes HCFA's interpretation of its longstanding policies and is included for informational purposes.

- Tests for screening purposes that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered except as explicitly authorized by statute. These include exams required by insurance companies, business establishments, government agencies, or other third parties.
- Tests that are not reasonable and necessary for the diagnosis or treatment of an illness or injury are not covered according to the statute.
- Failure to provide documentation of the medical necessity of tests may result in denial of claims. Such documentation may include notes documenting relevant signs, symptoms or abnormal findings that substantiate the medical necessity for ordering the tests. In addition, failure to provide independent verification that the test was ordered by the treating physician (or qualified nonphysician practitioner) through documentation in the physician's office may result in denial.
- A claim for a test for which there is a national coverage or local medical review policy will be denied as not reasonable and necessary if it is submitted without an ICD–9–CM code or narrative diagnosis listed as covered in the policy unless other medical documentation justifying the necessity is submitted with the claim.
- If a national or local policy identifies a frequency expectation, a claim for a test that exceeds that expectation may be denied as not reasonable and necessary, unless it is submitted with documentation justifying increased frequency.
- Tests that are not ordered by a treating physician or other qualified treating nonphysician practitioner acting within the scope of their license and in compliance with Medicare requirements will be denied as not reasonable and necessary.
- Failure of the laboratory performing the test to have the appropriate Clinical Laboratory Improvement Amendment of 1988 (CLIA) certificate for the testing performed will result in denial of claims.

ICD–9–CM Codes Denied

Code	Description
798.0–798.9	Sudden death, cause unknown
V15.85	Exposure to potentially hazardous body fluids
V16.1	Family history of malignant neoplasm, trachea, bronchus, and lung
V16.2	Family history of malignant neoplasm, other respiratory and intrathoracic organs
V16.4	Family history of malignant neoplasm, genital organs
V16.5	Family history of malignant neoplasm, urinary organs
V16.6	Family history of malignant neoplasm, leukemia
V16.7	Family history of malignant neoplasm, other lymphatic and hematopoietic neoplasms
V16.8	Family history of malignant neoplasm, other specified malignant neoplasm
V16.9	Family history of malignant neoplasm, unspecified malignant neoplasm
V17.0–V17.8	Family history of certain chronic disabling diseases
V18.0–V18.8	Family history of certain other specific conditions
V19.0–V19.8	Family history of other conditions
V20.0–V20.2	Health supervision of infant or child
V28.0–V28.9	Antenatal screenings
V50.0–V50.9	Elective surgery for purposes other than remedying health states
V53.2	Fitting and adjustment of hearing aid
V60.0–V60.9	Housing, household, and economic circumstances
V62.0	Unemployment
V62.1	Adverse effects of work environment
V65.0	Healthy persons accompanying sick persons
V65.1	Persons consulting on behalf of another person
V68.0–V68.9	Encounters for administrative purposes
V70.0–V70.9	General medical examinations
V73.0–V73.99	Special screening examinations for viral and chlamydial diseases

Code	Description
V74.0–V74.9	Special screening examinations for bacterial and spirochetal diseases
V75.0–V75.9	Special screening examination for other infectious diseases
V76.0	Special screening for malignant neoplasms, respiratory organs
V76.3	Special screening for malignant neoplasms, bladder
V76.42–V76.9	Special screening for malignant neoplasms, (sites other than breast, cervix, and rectum)
V77.0–V77.9	Special screening for endocrine, nutrition, metabolic, and immunity disorders
V78.0–V78.9	Special screening for disorders of blood and blood-forming organs
V79.0–V79.9	Special screening for mental disorders
V80.0–V80.3	Special screening for neurological, eye, and ear diseases
V81.0–V81.6	Special screening for cardiovascular, respiratory, and genitourinary diseases
V82.0–V82.9	Special screening for other conditions

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

Any ICD–9–CM code not listed in either of the ICD–9-CM sections above.

Sources of Information

Ahlquist, D.A., ''Approach to the patient with occult gastrointestinal bleeding,'' in Tadatake, Y. (ed.), *Textbook of Gastroenterology* (2nd ed.), 1995, J.B. Lippincott, pp. 699–717.

Tietz, N.W. (ed.), *Clinical guide to Laboratory Tests* (3rd ed.), 1995, pp.452–454.

Schleisenger, M.H., Wall, S.D., *et al.,* ''Part X. Gastrointestinal Diseases'' in Wyngaarden, J.B., and Smith, L.H. (eds.), *Cecil Textbook of Medicine* (18th ed.), 1988, W.B. Saunders, pp. 656–807.

Harrison's Principles of Internal Medicine (14th ed.), 1998, McGraw Hill.

Wallach, J., *Interpretation of Diagnostic Tests,* 1996, Little Brown and Co.

Illustrated Guide to Diagnostic Tests (2nd ed.), 1997, Springhouse Corporation.

Sleisenger and Fordtrans's Gastrointestinal and Liver Disease (6th ed.), 1997, W.B. Saunders.

Coding Guidelines

1. Any claim for a test listed in ''HCPCS CODES'' above must be submitted with an ICD–9–CM diagnosis code or comparable narrative. Codes that describe symptoms and signs, as opposed to diagnoses, should be provided for reporting purposes when a diagnosis has not been established by the physician. (Based on Coding Clinic for ICD–9–CM, Fourth Quarter 1995, page 43.)

2. Screening is the testing for disease or disease precursors so that early detection and treatment can be provided for those who test positive for the disease. Screening tests are performed when no specific sign, symptom, or diagnosis is present and the patient has not been exposed to a disease. The testing of a person to rule out or to confirm a suspected diagnosis because the patient has a sign and/or symptom is a diagnostic test, not a screening. In these cases, the sign or symptom should be used to explain the reason for the test. When the reason for performing a test is because the patient has had contact with, or exposure to, a communicable disease, the appropriate code from category V01, Contact with or exposure to communicable diseases, should be assigned, not a screening code, but the test may still be considered screening and not covered by Medicare. For screening tests, the appropriate ICD–9–CM screening code from categories V28 or V73–V82 (or comparable narrative) should be used. (From Coding Clinic for ICD–9–CM, Fourth Quarter 1996, pages 50 and 52)

3. A three-digit code is to be used only if it is not further subdivided. Where fourth-digit and/or fifth-digit subclassifications are provided, they must be assigned. A code is invalid if it has not been coded to the full number of digits required for that code. (From Coding Clinic for ICD–9–CM. Fourth Quarter, 1995, page 44.)

4. Diagnoses documented as ''probable,'' ''suspected,'' ''questionable,'' ''rule-out,'' or ''working diagnosis'' should not be coded as though they exist. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as signs, symptoms, abnormal test results, exposure to communicable disease or other reasons for the visit. (From Coding Clinic for ICD–9–CM, Fourth Quarter 1995, page 45.)

5. When a non-specific ICD–9 code is submitted, the underlying sign, symptom, or condition must be related to the indications for the test above.

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