190.34 Fecal Occult Blood Test (1 of 4)

CPT Code: 82272

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

ICD-9-CM Codes that Support Medical Necessity

The Occult Fecal Blood is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient’s medical record must support the medical necessity for the test(s) provided.

- 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 helminthiasis
- 139.8 Late effects of other and unspecified infectious and parasitic diseases
- 150.0-157.9 Malignant neoplasm of digestive organs
- 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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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

190.34 Fecal Occult Blood Test (2 of 4)
CPT Code: 82272
NCD Description: The Fecal Occult Blood Test (FOBT) detects the presence of trace amounts of blood in the stool. The procedure is performed by testing one or several small samples of one, two, or three different stool specimens.
ICD-9-CM Codes that Support Medical Necessity
The Occult Fecal Blood is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient’s medical record must support the medical necessity for the test(s) provided

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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
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 relapse
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

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190.34 Fecal Occult Blood Test (3 of 4)

CPT Code: 82272

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

ICD-9-CM Codes that Support Medical Necessity

The Occult Fecal Blood is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient’s medical record must support the medical necessity for the test(s) provided.
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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
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

190.34 Fecal Occult Blood Test (4 of 4)
CPT Code: 82272

NCD Description: The Fecal Occult Blood Test (FOBT) detects the presence of trace amounts of blood in the stool. The procedure is performed by testing one or several small samples of one, two, or three different stool specimens.
ICD-9-CM Codes that Support Medical Necessity

The Occult Fecal Blood is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient’s medical record must support the medical necessity for the test(s) provided.

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
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
866.04-866.09 Injury to kidney with open wound into cavity
866.10-866.14 Injury to liver and kidney with open wound into cavity
866.15-866.19 Injury to liver and kidney without mention of open wound into cavity
866.20-866.24 Injury to retroperitoneum with open wound into cavity
866.25-866.29 Injury to retroperitoneum without mention of open wound into cavity
866.30-866.39 Injury to retroperitoneum with open wound into cavity
866.40-866.49 Injury to retroperitoneum without mention of open wound into cavity
866.50-866.59 Injury to other serous cavity with open wound into cavity
866.60-866.69 Injury to other serous cavity without mention of open wound into cavity
866.70-866.79 Injury to other serous cavity with open wound into cavity
866.80-866.89 Injury to other serous cavity without mention of open wound into cavity
866.90-866.99 Injury to other serous cavity with open wound into cavity
876.00-876.09 Injury to other specified areas of body with open wound into cavity
876.10-876.19 Injury to other specified areas of body without mention of open wound into cavity
876.20-876.29 Injury to other specified areas of body with open wound into cavity
876.30-876.39 Injury to other specified areas of body without mention of open wound into cavity
876.40-876.49 Injury to other specified areas of body with open wound into cavity
876.50-876.59 Injury to other specified areas of body with open wound into cavity
876.60-876.69 Injury to other specified areas of body without mention of open wound into cavity
876.70-876.79 Injury to other specified areas of body with open wound into cavity
876.80-876.89 Injury to other specified areas of body without mention of open wound into cavity
876.90-876.99 Injury to other specified areas of body with open wound into cavity
878.00-878.09 Injury to digestive system with open wound into cavity
878.10-878.19 Injury to digestive system without mention of open wound into cavity
878.20-878.29 Injury to digestive system with open wound into cavity
878.30-878.39 Injury to digestive system without mention of open wound into cavity
878.40-878.49 Injury to digestive system with open wound into cavity
878.50-878.59 Injury to digestive system with open wound into cavity
878.60-878.69 Injury to digestive system without mention of open wound into cavity
878.70-878.79 Injury to digestive system with open wound into cavity
878.80-878.89 Injury to digestive system without mention of open wound into cavity
878.90-878.99 Injury to digestive system with open wound into cavity
879.00-879.09 Injury to reproductive system with open wound into cavity
879.10-879.19 Injury to reproductive system without mention of open wound into cavity
879.20-879.29 Injury to reproductive system with open wound into cavity
879.30-879.39 Injury to reproductive system without mention of open wound into cavity
879.40-879.49 Injury to reproductive system with open wound into cavity
879.50-879.59 Injury to reproductive system with open wound into cavity
879.60-879.69 Injury to reproductive system without mention of open wound into cavity
879.70-879.79 Injury to reproductive system with open wound into cavity
879.80-879.89 Injury to reproductive system without mention of open wound into cavity
879.90-879.99 Injury to reproductive system with open wound into cavity
880.00-880.09 Injury to integumentary system with open wound into cavity
880.10-880.19 Injury to integumentary system without mention of open wound into cavity
880.20-880.29 Injury to integumentary system with open wound into cavity
880.30-880.39 Injury to integumentary system without mention of open wound into cavity
880.40-880.49 Injury to integumentary system with open wound into cavity
880.50-880.59 Injury to integumentary system with open wound into cavity
880.60-880.69 Injury to integumentary system without mention of open wound into cavity
880.70-880.79 Injury to integumentary system with open wound into cavity
880.80-880.89 Injury to integumentary system without mention of open wound into cavity
880.90-880.99 Injury to integumentary system with open wound into cavity
995.00-995.09 Injuries to anatomical结构s of unassigned body region with open wound into cavity
995.10-995.19 Injuries to anatomical structures of unassigned body region without mention of open wound into cavity
995.20-995.29 Injuries to anatomical structures of unassigned body region with open wound into cavity
995.30-995.39 Injuries to anatomical structures of unassigned body region without mention of open wound into cavity
995.40-995.49 Injuries to anatomical structures of unassigned body region with open wound into cavity
995.50-995.59 Injuries to anatomical structures of unassigned body region with open wound into cavity
995.60-995.69 Injuries to anatomical structures of unassigned body region without mention of open wound into cavity
995.70-995.79 Injuries to anatomical structures of unassigned body region with open wound into cavity
995.80-995.89 Injuries to anatomical structures of unassigned body region without mention of open wound into cavity
995.90-995.99 Injuries to anatomical structures of unassigned body region with open wound into cavity

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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