



MASSACHUSETTS

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Medical Policy Immunochemical Fecal Occult Blood Testing

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Policy Number: 135

BCBSA Reference Number: 2.01.66A

NCD/LCD: N/A

Related Policies

- Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening, #557

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Immunochemical fecal occult blood testing for colorectal cancer screening may be **MEDICALLY NECESSARY**.

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

	Outpatient
Commercial Managed Care (HMO and POS)	No
Commercial PPO and Indemnity	No
Medicare HMO BlueSM	No
Medicare PPO BlueSM	No

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

CPT codes:	Code Description
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations

HCPCS Codes

HCPCS codes:	Code Description
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations

ICD-10 Diagnosis Codes

ICD-10 diagnosis codes:	Code Description
Z12.12	Encounter for screening for malignant neoplasm of rectum
Z12.11	Encounter for screening for malignant neoplasm of colon

Description

Colorectal cancers and some precancerous adenomas often bleed periodically. Consequently, a small amount of blood in the stool (fecal occult blood) in the absence of other explanatory conditions is a marker for neoplasia. Immunochemical fecal occult blood tests (iFOBTs) are used for colorectal cancer screening by employing antibodies to detect the presence of blood in stool. Since globin is degraded during passage through the upper gastrointestinal tract, the iFOBT is specific for bleeding that is limited to the colon and rectum.

Examples of immunochemical fecal occult blood for colorectal cancer screening include InSure™ from Enterix, Inc, Instant-View® from Alpha Scientific Designs, Inc. and immoCARE from Care Products, Inc. All immunochemical fecal occult blood are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except when used for colorectal cancer screening as noted in policy statement.

Summary

Based on published studies and recommendations from national organizations such as the United States Preventive Services Task Force, iFOBT may be considered medically necessary in screening for colorectal cancer.

Policy History

Date	Action
1/2018	Clarified coding information.
5/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
2/2014	Clarified coding information.
1/2014	Clarified coding information.
12/2013	Added CPT code 82270 as it meets the intent of the policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates.

	No changes to policy statements.
7/2011	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
9/2010	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
11/01/2009	Medical Policy 135 effective 11/01/2009.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. 2004 TEC Assessments; Tab 5.
2. U.S. Preventive Services Task Force. Screening for colorectal cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med* 2008; 149(9):627-637.
3. Levin B, Lieberman DA, McFarland B et al. Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps, 2008: a joint guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. *CA Cancer J Clin* 2008; 58(3):130-60. Accessible online at: <http://caonline.amcancersoc.org/cgi/reprint/58/3/130>.
4. Whitlock EP, Lin JS, Liles E et al. Screening for colorectal cancer: a targeted, updated systematic review for the US Preventive Services Task Force. *Ann Intern Med* 2008; 149(9):638-58.
5. Allison JE, Sakoda LC, Levin TR et al. Screening for colorectal neoplasms with new fecal occult blood tests: update on performance characteristics. *J Natl Cancer Inst* 2007; 99(19):1462-70. Accessible online at: <http://jnci.oxfordjournals.org/cgi/reprint/99/19/1462>.
6. Hundt S, Haug U, Brenner H et al. Comparative evaluation of immunochemical fecal occult blood tests for colorectal adenoma detection. *Ann Intern Med* 2009; 150(3):162-9.
7. Rex DK, Johnson D, Anderson JC et al. American College of Gastroenterology guidelines for colorectal cancer screening 2008. *Am J Gastroenterol* 2009; 104(3):739-50.