

Internal Medicine Coding Alert

Know the Difference Between FOBT Types -- and Code Them Right Every Time

Use 82272 for post-DRE screening

When a patient reports to the office for a fecal occult blood test (FOBT), you'll have to know why and how the internist performed the test before you can successfully code the claim.

There are many different types of patients who might report to the internist for guaiac-based FOBT -- the patient may or may not have symptoms, and the test could be diagnostic or for screening purposes. Further, the internist can conduct one of two FOBTs depending on the situation.

As a result, coders will need to carefully read the documentation to determine the correct coding for FOBT before filing an FOBT claim. Reporting the wrong type of FOBT will likely result in a denial and some carriers' red flags for your practice.

Use 82272 Mostly for Diagnostic Tests

When your internist performs an FOBT prompted by a patient's symptom(s), you'll typically report 82272 (Blood, occult, by peroxidase activity [e.g., guaiac], qualitative, feces, single specimen [e.g., from digital rectal exam]) for the service.

"You'll use 82272 when the patient already has a problem, such as a complaint of rectal bleeding. The physician will conduct the test to see if there is currently any bleeding," says **Melanie Witt, RN, CPC-OGS, MA**, an independent coding consultant in Guadalupita, N.M. The internist collects the specimen as part of a digital rectal exam (DRE).

Check out these indicators that might warrant diagnostic FOBT from Medicare's FOBT national coverage determination (NCD):

- To evaluate known or suspected alimentary tract conditions that might cause bleeding into the intestinal tract
- To evaluate unexpected anemia
- To evaluate abnormal signs, symptoms or complaints that might be associated with blood loss
- To evaluate patient complaints of black- or red-tinged stools.

Another way to identify 82272 is the number of specimens the physician collects. For 82272 claims, the physician will collect one fecal specimen from the patient while he is in the office.

Example: A patient complaining of rectal bleeding reports to the internist. The physician performs a DRE, collecting one fecal specimen.

In this scenario, the internist collected a single specimen in-office during a DRE. On the claim, you should report 82272 for the encounter. Also, attach 569.3 (Hemorrhage of rectum and anus) to 82272 to reflect the patient's bleeding.

Patient Could Get FOBT During Annual Exam

You'll also report 82272 for FOBTs your internist conducts on patients as part of a preventive exam, says **Susan Pincus, CPC, CHC**, an independent coding consultant in West Palm Beach, Fla. So you will sometimes use 82272 for patients without symptoms.

When your internist collects the specimen and performs the FOBT during a preventive exam, attach V76.41 (Special screening for malignant neoplasms; rectum) to 82272 to show that the procedure was for a screening, Pincus says. As an alternative, V76.51 (Special screening for malignant neoplasms; colon) would also be appropriate for an 82272 claim.

Make Sure Patient Takes Test Home for 82270

Although in-office FOBTs have their own code, you'll use different codes to report the "take-home" FOBT, Witt says. During a take-home test (which the internist performs for screening purposes), the patient brings the cards home, obtains the samples himself and returns them to the physician, she says.

When the internist conducts a take-home FOBT, you should report 82270 (Blood, occult, by peroxidase activity [e.g., guaiac], qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening) for the encounter once the patient returns the sample cards to the office, Pincus says.

Example: A 60-year-old patient reports to the internist for a follow-up visit concerning his high blood pressure and diabetes. The physician talks to the patient about the importance of getting a colorectal cancer screening to check for any abnormalities.

The physician sends the patient home with a kit containing three FOBT cards and instructions for specimen collection and return. The patient collects three samples and returns them to the internist.

In this scenario, you should report 82270 for the FOBT. Even if the patient is not able to supply the internist with three samples, you can still report 82270. According to *CPT Changes 2006: An Insider's View*, when the patient returns only one or two samples, "report the results accordingly and record one unit of 82270."

What about G0107? Prior to 2007, coders were reporting 82270 for private-payer screenings, and G0107 (Colorectal cancer screening; fecal occult blood test, 1-3 simultaneous determinations) for Medicare carriers. But CPT revised 82270 last year to "specifically state that the patient must be given the FOBT cards, just as Medicare requires," Witt says. Therefore, starting Jan. 1, 2007, Medicare deleted G0107 and instructed coders to report these FOBTs with 82270 (Medlearn Matters article MM5292).

Medicare, however, will still cover the 82270 test once every 12 months for its beneficiaries.

Use G0328 for Some Medicare FOBTs

As an alternative to the standard take-home FOBT, the internist might conduct an immunoassay FOBT. The immunoassay screening involves using a spatula to collect the appropriate number of samples -- or using a special brush to collect the samples.

For Medicare patients older than 50 years, report G0328 (Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations) for the screening when the internist performs an immunoassay FOBT.

Medicare will pay for an FOBT screening once every 12 months. To report the G0328 screening, the internist must receive a written order requesting the FOBT from the beneficiary's attending physician.

For optimal FOBT claims, always make sure you have the proper date of service in the documentation. Your best bet is to use the date the physician receives the cards.

Suppose the patient takes the cards home on May 5, and the internist receives the samples from the lab on May 11. The correct service date is May 11.

Urine Check for FOBT? Coding Will Change

Although most take-home FOBTs analyze feces to get results, the internist may have to analyze another substance for blood, such as a patient's nipple discharge or urine. When the internist chooses to analyze one of these substances for an FOBT, report 82271 (... other sources) rather than 82270, Witt says.