Internal Medicine Coding Alert

READER QUESTION ~ Don't Expect G0102 Payment

Question: I know CMS has released bulletins saying G0102 (Prostate cancer screening; digital rectal examination) is covered, but when we bill it with an E/M service and modifier 25, we are denied and told that it's bundled with the E/M visit. Medicare says it will reimburse G0102 if it is the only reason a patient presents, but I can't imagine a patient coming in just for a digital rectal exam (DRE). How can I get paid?

California Subscriber

Answer: Unfortunately, you will not be able to get paid separately for G0102. Internists know that Medicare covers prostate screening tests and procedures for the early detection of prostate cancer. The screening procedures covered are the DRE (G0102) and the prostate specific antigen (PSA) blood test (G0103). However, carriers require you to follow very specific guidelines before you can collect for these tests.

To bill G0102, you must perform the DRE on a male Medicare beneficiary over age 50 and only once every 12 months. Once a beneficiary has received any or all of the covered screening procedures, he may receive another after 11 full months has passed.

Per Medicare guidelines, billing and payment for G0102 is to be bundled into the payment for a covered E/M service (99201-99499) when the two services are furnished to a patient on the same day. If the DRE is the only service or is done as part of a noncovered service (such as a preventive exam), G0102 is payable separately if all coverage requirements are met.

In other words, if the patient is in the office for a preventive medicine visit and the physician performs a DRE, you bill the G0102 to Medicare as long as it has been 11 full months since the last test was performed.

You should use diagnosis code V76.44 (Special screening for malignant neoplasms; prostate) in this case. If the patient is being seen for a problem, the service is bundled into the E/M code, and adding modifier 25 (Significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service) will not eliminate the denial.