Internal Medicine Coding Alert

Reader Question: Guaiac Tests

Question: What is the proper billing for checking occult blood using a guaiac test?

Texas Subscriber

Answer: If the patient collects his or her own specimens using a card provided by the internist, and the internist provides the lab work and interpretation, you may report 82270 (blood, occult, by peroxidase activity [e.g., guaiac]; feces, 1-3 simultaneous determinations). Payment for this service typically ranges from $14 to $18, according to HealthCare Consultants 2001 Physician Fee and Coding Guide. Always bill one unit of 82270 regardless of the number of specimens on a card or number of specimen cards given to the patient. Payment is for the complete test rather than the number of specimen cards returned. Some payers, both Medicare and private, may limit the use of this code to no more than once every three days.

Common diagnoses that provide medical necessity for this test include 009.0-009.3 (ill-defined intestinal infections), 280.0-289.9 (anemias, any and all types), 564.0-564.9 (functional digestive disorders, not elsewhere classified), 569.0 (anal and rectal polyp) and V58.61 (long-term use of anticoagulants), although individual payer guidelines may vary.

The internist may also code 82270 if the specimens are sent to an outside lab that bills the physician for its services. If this were not the case, the outside laboratory would bill for the test directly.

Note: Section 4104 of the Balanced Budget Act of 1997 provides for coverage of various colorectal screening examinations subject to certain coverage, frequency and payment limitations, effective Jan. 1, 1998. Screening fecal-occult blood tests (G0107) are covered once every 12 months for beneficiaries age 50 and over.