

## Internal Medicine Coding Alert

### Reader Questions: Medical Necessity Could Mean Extra Hemoccult Pay

Question: Preventive care guidelines state that hemoccult slides are covered once each year, but the guidelines don't mention whether you can perform tests more often if medically necessary. Can we prepare hemoccult slides more than once a year if the patient has problems such as blood in the stool? If so, should we ask the patient to sign a waiver?

Answer: Check the reason for needing the hemoccult slides. If the physician has documented a covered medical condition (such as 578.1, Blood in stool), the payer should cover the service. Also check that you are using the correct CPT code. For example, you report 82270 (Blood, occult, by peroxidase activity [e.g., guaiac], qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening [i.e., patient was provided 3 cards or single triple card for consecutive collection]) specifically for screening purposes. By comparison, code 82272 (Blood, occult, by peroxidase activity [e.g., guaiac], qualitative, feces, 1-3 simultaneous determinations performed for other than colorectal neoplasm screening) essentially represents the same service done for medically necessary diagnostic purposes.

Back-up: If you do not believe that Medicare will cover the lab work, ask the patient to sign an advance beneficiary notice (ABN) agreeing to cover the cost, if necessary.