

Internal Medicine Coding Alert

These Clues Help You Choose Among 3 FOBT Codes

Reserve new code 82272 for analysis of in-office single-specimen collection

You can keep payment flowing for in-office analysis of fecal occult blood tests (FOBT) if you focus on the service's purpose, details and payer.

Old way: For the past year, you have had to lump post digital rectal exam (DREs) and consecutive specimen collection under one code: 82270.

New way: CPT 2006 revises 82270 and also creates a new FOBT code. For your 2006 claims, you should assign each type of collection a specific code:

- 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 three cards or single triple card for consecutive collection)
- 82272--Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, single specimen (e.g., from digital rectal exam)
- G0107--Colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations.

Consider the Test's Reason

Knowing why the internist obtained an FOBT specimen can help lead you to the correct lab code. New code 82272 is usually done as a diagnostic test, says **Bruce Rappoport, MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen & Holtz LLP in Fort Lauderdale, Fla. "The internist collects the specimen during an office visit typically for a diagnostic reason," meaning the patient has signs or symptoms, Rappoport says.

Example: A 57-year-old patient presents with abdominal pain and dark stools. The physician collects a sample during a digital rectal exam. "You should report the stool analysis with 82272," Rappoport says, referring to the AMA's clinical example for 82272 as published in CPT Changes 2006: An Insider's View. Because the physician orders the test for a symptom that the patient has (789.00, Abdominal pain, unspecified site), you can assume the service is diagnostic.

When the IM instead orders a FOBT for screening purposes, you should report either 82270 or G0107. The descriptor for 82270 now says "for colorectal neoplasm screening."

Catch: Internists sometimes collect a specimen during the rectal exam portion of a patient's yearly age-appropriate preventive medicine service. So you may encounter cases in which a physician performs 82272 in the absence of signs or symptoms.

But the test that 82272 describes is not an adequate screening tool, said **J. Leonard Lichtenfeld, MD**, the American College of Physicians CPT representative, in his FOBT speech at the CPT 2006 Coding Symposium. When a physician performs digital FOBT "as part of a primary-care preventive exam, negative results do not decrease the odds of advanced neoplasia," Lichtenfeld said, citing an article in the Annals of Internal Medicine. "Persons with these results should be offered at-home, three-sample FOBT or another type of screening tool," according to "Account of Screening for FOB or a Single Stool Sample Obtained by DRE."

Impact: You could report 82272 as well as another screening test for the same patient stemming from the same inpatient encounter. "If a physician does 82272 as part of a screening process, he still needs to do a screening test, such as 82270 and G0107 describe," Rappoport says.

Identify the Number of Tests

Because the FOBT's status as screening or diagnostic doesn't offer a finite code, you also need to look at the test's details. This step was unnecessary for claims involving FOBT in 2005.

CPT 2005 required you to use one code for FOBTs, regardless of the number of tests. "Previously, code 82270 failed to distinguish between a single-specimen ... FOBT that is primarily done in the office setting, e.g., after a digital rectal exam, and a three-specimen FOBT that the patient typically collects at home," states the AMA in CPT Changes 2006: An Insider's View.

Strategy: To choose between 82272 and 82270/G0107, identify how many tests the internist or lab performs. For a three-specimen collection, use 82270 or G0107. Report a single-specimen collection with 82272.

Mistake averted: Although 82270 involves analysis of three specimens, you should always assign 82270 with a "1" in the units field. Some coders incorrectly interpret 82270's descriptor of "one to three simultaneous determinations" to mean they should bill "each of the three determinations with one unit of CPT 82270 (82270 x 3)," says **Diana W. Voorhees, MA, CLS, MT(ASCP)SH, CLCP**, principal at DV & Associates Inc., in Salt Lake City. "The revised description more clearly reminds providers that the code identifies as many as three consecutive determinations," she says in the article "2006 Laboratory Coding Changes."

Important: If the patient fails to collect all three samples, you can still report 82270. In this scenario, the laboratory should perform analysis of the one or two "collected specimens, report the results accordingly and record one unit of 82270," according to CPT Changes 2006: An Insider's View.

Look at Where and by Whom Collection Occurs

The collection location and performer can also clue you in to the correct FOBT code. "Use 82270 when the patient is given the cards to take home, obtain the samples and return" them to the physician, says **Linda Parks, MA, CPC, CMC, CMSCS**, coding supervisor for Atlanta Gastroenterology Associates, a 22-physician practice. The physician can't collect the specimens in the office.

You should instead assign 82272 "when the physician performs a digital rectal exam in the office and obtains a sample at that time," Parks says.

Example: An internist sees a 72-year-old patient for follow-up of hypertension and diabetes. During the visit, the physician discusses the importance of colorectal cancer screening with the patient. The internist sends the patient home with a screening kit that includes three FOBT cards and instructions for specimen collection and return. You should report the specimen analysis with 82270, Rappoport says, referring to 82270's clinical example as written by the AMA. "The FOBT involves the physician giving the patient three cards to take home and return for analysis," he says.

Pinpoint Insurer for Correct 3-Determination Code

Be careful that you don't automatically assign 82270 when a patient collects samples at home and returns them for in-office analysis. Medicare still requires you to use G0107 for a screening FOBT, which is one of the Medicare preventive medicine benefits, says **Kent J. Moore**, a healthcare finance manager in Leawood, Kan. "The separate G code allows Medicare to administer this particular benefit without otherwise having to worry about the diagnosis code attached to 82270."

The Medicare Carriers Manual specifies a screening FOBT as "a guaiac-based test for peroxidase activity, in which the beneficiary completes it by taking samples from two different sites of three consecutive stools." Medicare will cover G0107 once every 12 months if the patient is age 50 or older and:

1. takes the cards home
2. obtains the samples
3. returns them to the physician.

Payment: CMS pays G0107, as well as 82270 and 82272, using the Medicare clinical lab fee schedule. "The allowance will range from \$3.80 to \$4.54 for each one, depending on the Medicare locality," Moore says. You can download the fee schedule at www.cms.hhs.gov/providers/pufdownload/clfdwn.asp.