

Internal Medicine Coding Alert

What You Need to Know About Coding FOBT Screenings

Don't overlook lab methods and patient's age

You can ensure your internist gets paid for fecal-occult blood tests (FOBT) if you use different codes for screening and diagnostic tests, and know which Medicare guidelines you may be overlooking.

Why Age Is Crucial

When the physician wants to screen a Medicare patient for colon cancer, he may order an FOBT. In such cases, you should choose between two codes:

1. G0107 - Colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations.

Tip: You can bill G0107 once a year for screenings only if the patient is more than 50 years old, says **Cathy Satkus**, a professional coder for Harvard Family Physicians, an internal medicine and family practice in Tulsa, Okla.

2. G0328 - Fecal blood screening immunoassay. The same Medicare screening rules apply to this code. A main difference between G0107 and G0328 is whether the physician performed a guaiac-based test (G0107) and an immunoassay-based one (G0328), says **Judy Richardson, MSA, RN, CCS-P**, senior consultant with Hill & Associates in Wilmington, N.C.

Remember: Don't try to bill these screening tests more than annually because Medicare will deny multiple claims, Richardson says. Also, CMS bundles G0107 and G0328, so you can't bill them together.

Another tip: Make sure you know which ICD-9 codes carriers accept for G0107 and G0328 charges. For instance, Oklahoma Medicare accepts only V76.41 (Special screening for malignant neoplasms; other sites; rectum) as medical justification for reporting G0107, Satkus says.

Learn the Differences Between Lab Methods

Starting Jan. 1, 2004, Medicare began paying for immunoassay tests, which means you have to know whether the physician is billing for an immunoassay or guaiac-based hemoglobin test to pick the correct code.

1. The guaiac test (G0107) shows peroxidase activity in the heme moiety. The patient takes samples from two different sites of three consecutive stools, Richardson says. The screening requires an attending physician's written order, according to Medicare guidelines.

2. The immunoassay test (G0328) identifies the molecule's globulin portion and includes using a spatula or special brush to collect the appropriate number of samples. This test also requires the attending physician's written order.

Important definition: Be sure you understand that by "attending physician," Medicare means a "doctor of medicine or osteopathy who knows about the patient's medical condition, and is responsible for using the results of any examination performed in the overall management of the beneficiary's specific medical problem," according to First Coast Service Options, Florida's Medicare carrier.

