

## Part B Insider (Multispecialty) Coding Alert

### 82270 Versus G0107 - Same Test, Different Diagnoses - Understand the Difference Between Screening and Diagnostic

Billing for fecal occult blood tests (82270) became a lot more complicated last year when the Centers for Medicare & Medicaid Services laid out a list of diagnostic codes that were valid. In the mammoth program memo AB-02-110 last year, CMS warned physicians not to think about billing for [CPT 82270](#) unless the patient had the symptoms listed on the page.

That meant physicians could no longer bill for 82270 when they were using FOBT to screen for colorectal cancer. Luckily for physicians though, CMS said they could bill for that procedure using G0107 instead. Both procedures reimburse about \$4.70, according to **Sandi Paige** with Medical Practice Support Services in Denver. In that case, use V76.51 - screening for malignant neoplasms of the colon. Patients over 50 are entitled to one test every 11 months, she says.

"Screening tests are done when the patient is asymptomatic," says Scottsdale, Ariz., physician **Joel Brill**. "The other test is done when there's a previous pathology that's been established."

In general, don't bill 82270 unless "there's blood in the stool," the patient is on high-risk medication, or there is some other reason to suspect a specific problem, Paige says.