

Part B Insider (Multispecialty) Coding Alert

FECAL OCCULT BLOOD TESTS: Cut Out 3 Common FOBT Coding Errors-- And Avoid Denials

Don't mix up screening and diagnostic FOBTs

Are you falling for the number one FOBT coding pitfall?

Many coders miss out on reimbursement for FOBTs because they don't realize that you can bill for an evaluation and management visit separately from an FOBT. Understanding the following three rules will make your life much easier.

1. Know the date of service: Many coders become confused about the date of service for FOBT codes, says **Donna Beaulieu**, consultant with **Quality Physician Services** in Stockbridge, GA. Medicare wants you to bill for FOBTs on the day you receive the results, not the same day as the office visit. Usually you send the patient home with a card and the patient mails it back to you with the results.

The only reason you'd be billing for an FOBT on the same day as an office visit is if you have the opportunity to send the patient into the restroom to obtain a sample during the visit, or if the patient comes back for another visit with the results. The FOBT testing codes allow for one to three samples, Beaulieu notes.

You should be able to bill an office visit on the same day as the FOBT without using the 25 modifier, says coder **Linda Weiss** with **Primary Care Physicians** in Seattle, WA.

"I see offices billing it on the same day they issue the card, and when I say, 'Okay, let me see the results of the test,' it's not in the chart," reports Beaulieu. If you never get the card back, you risk having to repay Medicare for that test later.

2. Keep two FOBT types straight: Medicare requires G0107 for screening FOBTs and [82270 for](#) diagnostic FOBTs, but Beaulieu says coders often mix them up. (Note: Non-Medicare payors may accept 82770 for both screening and diagnostic FOBTs.)

If you get the codes wrong, you may receive unnecessary denials, Beaulieu points out. Medicare pays for a screening FOBT once a year, but diagnostic FOBT every three months.

3. Document necessity: If you bill a diagnostic FOBT, you must document a reason for it.

If the patient has blood in the stool or is taking medications such as aspirin or non-steroidal anti-inflammatories that cause abdominal bleeding, she's entitled to a diagnostic FOBT, says Beaulieu.

You can bill for a diagnostic FOBT more often than every three months using the 59 modifier, but be prepared to show the need for it. For a screening FOBT, you only have to use diagnosis code V76.51 (Special screening for malignant neoplasms, colon).