

Coding and Medicare Reimbursement for Immunoassay-based Fecal Occult Blood Tests Used for Colorectal Cancer Screening

Coding

The following HCPCS code is used to report the FOBT when used for colorectal cancer screening.

G0328 **Colorectal Cancer Screening; fecal occult blood test, 1-3 simultaneous determinations (Immunoassay-based fecal-occult blood tests)**

The following CPT code is used for screening [guaiac \(peroxidase activity\) based](#) FOBTs.

82270 **Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection).***

Medicare Reimbursement

Neither deductible and coinsurance do not apply to screening FOBTs.

The maximum amount Medicare will pay for an [immunoassay based](#) screening FOBT (HCPCS code G0328) is [\\$22.22](#). In some states the reimbursement is less.

The maximum amount Medicare will pay for a [guaiac based](#) screening FOBT (CPT code 82270) is [\\$4.54](#). In some states the reimbursement is less.

Coverage

Diagnostic Fecal Occult Blood Tests are covered by a National Coverage Determination (NCD) under the following conditions. *(Click on the Screening FOBT NCD link to download the complete NCD text.)*

A screening FOBT is covered for Medicare beneficiaries age 50 and over once

each year. Medicare will allow either one covered guaiac-based or one covered immunoassay-based fecal-occult blood test, but not both, during a 12-month period. Screening FOBTs are also covered for Medicare beneficiaries residing at skilled nursing facilities.

Screening fecal occult blood tests must be ordered by a doctor of medicine or osteopathy who is fully knowledgeable about the beneficiary's medical condition and who will be responsible for using the test results in the overall management of the beneficiary's specific medical problem.

Since Medicare covers only one screening fecal occult blood test each year, a signed Advance Beneficiary Notice (ABN) should be obtained so that the beneficiary may be billed if Medicare denies the claim because the beneficiary has already received a screening fecal occult blood test during the past 11 months.

Covered ICD-9 Codes

ICD-9 code V76.51 (Special screening for malignant neoplasms: Colon) may be used when billing but is not mandatory since HCPCS code G0238 is used only for screening fecal occult blood tests.