



## Attention Providers!

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MLN Matters Number: MM5292

Related Change Request (CR) #: 5292

Related CR Release Date: September 22, 2006

Effective Date: January 1, 2007

Related CR Transmittal #: R1062CP

Implementation Date: January 2, 2007

This article was updated on November 9, 2012, to reflect current Web addresses. All other information remains unchanged.

## Termination of Healthcare Common Procedure Coding System (HCPCS) Code G0107, Colorectal Cancer Screening, Fecal-Occult Blood Tests (FOBT), 1-3 Simultaneous Determinations

### Provider Types Affected

All providers who bill Medicare carriers or fiscal intermediaries (FIs), including Part A/B Medicare Administrative Contractors (A/B MACs) for Fecal Occult Blood Tests administered to Medicare beneficiaries.

### Provider Action Needed



#### STOP – Impact to You

Do not use HCPCS code G0107 for screening Fecal Occult Blood Tests (FOBT) on or after January 1, 2007. As of that date, that code is being deleted and replaced by CPT code 82270.

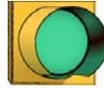


#### CAUTION – What You Need to Know

Effective January 1, 2007, HCPCS code G0107 for screening Fecal Occult Blood Tests (FOBT) is being terminated and replaced by CPT code 82270. If you use HCPCS code G0107 for FOBT on or after this date, your reimbursement could be impacted as the claim will be returned as unprocessable.

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### GO – What You Need to Do

Make sure that your billing staffs are aware of this coding change for FOBT.

## Background

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HCPCS code G0107 will be retired at the next annual release of the clinical diagnostic laboratory fee schedule effective January 1, 2007, and replaced with current procedural terminology (CPT) code 82270.

Prior to January 1, 2007 use G0107 for billing Medicare for screening FOBT; however on or after January 1, 2007 (the effective date of the 2007 clinical diagnostic lab fee schedule) use code 82270 for billing Medicare for screening FOBT.

## Additional Information

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The official instruction issued to you carrier, FI, or A/B MAC is CR 5292, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1062CP.pdf> on the CMS website. Revised Medicare Claims Processing Manual (Publication 100.04), Chapter 18 (Preventive and Screening Services), Section 60 (Colorectal Cancer Screening), Subsections 60.1-60.7 are included as an attachment to that CR.

If you have any questions, please contact your carrier, FI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

### Flu Shot Reminder

September is the perfect time to start talking with your patients about getting the flu shot. Medicare provides coverage for the flu vaccine and its administration. Please encourage your Medicare patients to take advantage of this vital benefit. And don't forget – health care professionals and their staff benefit from the flu vaccine also. **Protect Yourself. Protect Your Patients. Get Your Flu Shot.**

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