
COLONOSCOPY CATEGORIES

The Affordable Care Act allows for preventative services, such as colonoscopies, to be covered at no cost to the patient. However, there are strict guidelines used to determine which category of colonoscopy that can be defined as a screening/preventative service. These guidelines may exclude those patients with current gastrointestinal signs and symptoms, history of gastrointestinal disease, a personal history of colon polyps or colon cancer from taking advantage of the procedure at no cost. In cases like these, patients may be required to pay co-pays, co-insurance and/or deductibles.

Please Note: Although your primary care provider may refer you for a “screening” colonoscopy, you may not qualify for the “preventive/screening colonoscopy” benefit under your insurance plan. There are three colonoscopy categories:

- **Diagnostic/Therapeutic Colonoscopy** – If you have any gastrointestinal symptoms (i.e. diarrhea, constipation, rectal bleeding, abdominal pain, etc.) colon polyps, iron deficiency anemia, gastrointestinal disease or other abnormal tests requiring evaluation or treatment by colonoscopy. Usually subject to copay, co-insurance and/or deductible.
- **Surveillance/High Risk Colonoscopy** – If you are asymptomatic (no current gastrointestinal symptoms) and have a personal history of gastrointestinal disease (such as diverticulitis, Crohn’s disease or ulcerative colitis), and/or a personal or family history of colon polyps and/or colon cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals, usually every 2-5 years. May be subject to copay, co-insurance and/or deductible.
- **Screening/Preventative Colonoscopy** – If you are asymptomatic (no current gastrointestinal symptoms), 50 years old or older and have no personal history of gastrointestinal disease, no personal or family history of colon polyps and/or colon cancer. Patients in this category have not undergone a colonoscopy, or other screening for colon cancer, within the last 10 years. If these guidelines are met, may be covered at 100% under your plan.

FREQUENTLY ASKED QUESTIONS

Q Who will bill me?

A You may receive bills from separate entities associated with your procedure, such as the, physician, facility, anesthesia, pathologist, and/or laboratory.

Q Can the physician change, add, or delete my diagnosis so that I can be considered a screening/preventative colonoscopy?

A **No.** The patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage. Patients need to understand that strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law.

Q What if my insurance company tells me that CFG can change, add, or delete a CPT or diagnosis code?

A **This** is actually a common occurrence. Often member service representatives will tell a patient that if only the physician coded it with a “screening” diagnosis it would have been covered at 100%. However, further questioning of the representative will reveal that the “screening” diagnosis can only be amended if it applies to the patient. Remember,



COLONOSCOPY:
WHAT YOU NEED TO KNOW

many insurance carriers only consider a patient over the age of 50 with no personal or family history as well as no past or present gastrointestinal symptoms as a "screening/preventative" (Z12.11).

HOW WILL I KNOW WHAT I OWE?

Identify category of colonoscopy you are scheduled for and use possible preoperative CPT and diagnosis codes below. If you need assistance please contact the office for preoperative diagnosis codes on your order.

Possible CPT Codes:

- Diagnostic: 45378, 45380, 45384, 45385
Surveillance: 54378, 45380, 45384, 45385, G0105
Screening/Preventative: G0121, 45378 (only covered with Z12.11 as diagnosis code)
Diagnosis(es)

Please note that these are not the final diagnosis codes which will be submitted to your insurance. Final codes cannot be determined until after your procedure occurs.

Call your insurance carrier and verify your benefits and coverage by asking the following questions:

- Is the procedure and diagnosis covered under my policy? Yes No
Will the diagnosis code be processed as: preventative (screening) Surveillance or Diagnostic?
If my procedure will be a preventative (screening) procedure, are there age or frequency limitations for my colonoscopy? (e.g., one every ten years over the age of 50, one every 2 years for a personal history of polyps beginning at age 45, etc.) Yes No

If YES, list limitations here

- If the provider removes a polyp or takes a biopsy, will this change my out-of-pocket responsibility? Yes No

OBTAIN THE FOLLOWING INFORMATION FROM YOUR INSURANCE REPRESENTATIVE:

Today's Date Representative's Name

Deductible Amount of Deductible Met

Co-Insurance Responsibility Facility Co-payment

Facility in Network Yes No

Call Reference Number