Illinois Gastroenterology Group

IGG

**Explanation of Insurance Coverage for a Colonoscopy**

**Essential Facts –** All Insurance carriers have rules about your financial responsibility for a colonoscopy based on whether it is considered a "screening, diagnostic or surveillance" procedure, and based on whether the physician finds anything during the procedure.

Colonoscopies can fall into one of three categories. Listed below are the descriptions of the categories that a patient can be billed under to their insurance company.

**Preventative or Screening colonoscopy** is performed once every 10 years on **asymptomatic** patients age 50 or older with NO history of colon cancer, colon polyps and/or gastrointestinal disease.

**Surveillance colonoscopy** can be performed at varying ages and intervals based on the patient's personal history of colon cancer, polyps or gastrointestinal disease. Patients with a history of colon polyps are not allowed to receive a screening colonoscopy, but a surveillance colonoscopy. These are at shortened intervals usually between 2 – 5 years.

**Diagnostic colonoscopy** is performed on a patient who has past or present gastrointestinal symptoms, GI disease, iron deficiency anemias and/or any other abnormal tests.

**Can the physician change, add or delete my diagnosis so that it can be considered eligible for colon screening?**

**NO,** the patients encounter is documented as a medical record from information that was provided by the patient, as well as what is obtained from taking the pre-procedure history and assessment. We are contractually required to report any and all findings. We cannot, therefore, bill your colonoscopy as a "screening" simply to help you avoid paying deductibles, co-pays or co-insurance, nor can we fail to report any findings made during your colonoscopy. To do so is considered fraudulent and could subject us to fines, penalties and loss of our contract.

**What if my insurance company tells me the doctor can change, add or delete a CPT or a diagnosis code?**

This happens a lot. Often the representative will tell the patient that if the "doctor had coded this as a screening, it would have been covered differently." However, further questioning of the representative will reveal that the "screening" diagnosis can only be amended if it applies to the patient. Remember, that many insurance carriers only consider a patient over the age of 50 with no past or present gastrointestinal symptoms as "screening".

We ask each patient to be responsible for knowing their carriers' rules and to understand. We thank you for your understanding as we strive to provide you with the best care possible.