



## ***Your Colonoscopy Procedure and Potential Out-of-Pocket Costs***

It is important to understand the difference between a preventative screening and diagnostic testing, the resulting impact on your health insurance coverage, and your potential out-of-pocket costs.

Insurance policies offer varying levels of benefits for preventative versus diagnostic colonoscopy services, and the different classifications can have a significant impact on your out-of-pocket costs. There are instances in which you may think your procedure will be billed as a *screening* when it actually has to be billed as *therapeutic*.

Your primary care physician may refer you for a *screening colonoscopy* but oftentimes there is a misunderstanding of the word "screening" as it relates to colonoscopy procedures. You must have no symptoms at all for your colonoscopy to be considered a preventative screening, even if this is your first colonoscopy procedure and you meet all other requirements for a screening benefit. Any symptom, such as change in bowel habits, diarrhea, constipation, rectal bleeding, anemia, etc. prior to the procedure and noted as a symptom by the physician in your medical record will change your benefit from a screening to a diagnostic colonoscopy.

It's important to know your colonoscopy category so you can understand your coverage and financial responsibility prior to your procedure.

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### **Colonoscopy Categories:**

*Preventative Colonoscopy with Screening Diagnosis:* Patient has no gastrointestinal symptoms, is over the age of 50<sup>1</sup>, and has no personal or family history of gastrointestinal disease, polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. This usually results in \$0 or minimal out-of-pocket costs.

*Surveillance Colonoscopy/High Risk Screening:* Patient has no gastrointestinal symptoms and has a personal and/or family history of gastrointestinal disease, polyps, and/or cancer which usually requires the need to be screened at shortened intervals. Most payers do not consider this a preventative service; out-of-pocket costs can vary depending on your individual insurance plan.

*Diagnostic/Therapeutic Colonoscopy:* Patient has past and/or present gastrointestinal symptoms, polyps, gastrointestinal disease, iron deficiency anemia and/or any other abnormal tests. This is not a Screening Colonoscopy; this category typically yields higher out-of-pocket costs, but it can vary depending on your individual insurance plan.

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### **Your physician cannot change, add, or delete a diagnosis in order to change the intent of a procedure.**

The medical record is documented from information you have provided as well as an evaluation and assessment from the physician. There are strict government and insurance guidelines that prevent a physician from altering a chart or bill for the sole purpose of coverage determination.

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

Sadly, this happens a lot. Oftentimes a representative will tell the patient that the procedure would have been covered differently if the doctor had coded it as a screening. However, further questioning of the representative will reveal that the screening diagnosis does not apply to the patient and therefore, cannot be amended. If you are given this information, please document the date, name, and phone number of the insurance representative. Next, contact our billing department, and we will investigate the information given. The usual outcome is that the representative ends up calling the patient back and explains that the member services representative should never suggest a physician change their billing of a procedure to anything other than what was originally submitted.

**If you have questions** about your financial obligations, **please contact our Billing office at 443-837-2039.**

<sup>1</sup> Some experts suggest that African-Americans should begin their screening at age 45.