



**APPGASTRO**

*A practice of Appalachian Regional Medical Associates*

## Guideline to Assist Patients to Know What You will Owe for Endoscopy Procedures

### **Who will bill me and what is the estimated out of pocket expense?**

*Watauga Medical Center – Patient Accounts, 828-262-4111*

Physician Professional Fee

Pathology Service - Processing specimens to produce slides for the pathologist to read

WMC or AppGastro Facility Fee

*Pathologist Diagnostic Services, P.L.L.C- Toll Free 1-844-210-9947*

Pathology Service - Diagnostic interpretation of the slides processed at WMC

### **Colonoscopy CPT (Procedure Code) – 45378**

☐ *Preventive Screening Colonoscopy* – Patient is asymptomatic (no gastrointestinal symptoms either past or present), age 50 or older, has no personal or family history of GI disease, colon polyps and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. Generally paid at 100% by most insurance companies.

☐ *Surveillance Colonoscopy* – Patient has past and/or present gastrointestinal symptoms, polyps, GI disease or anemia OR Patient is asymptomatic (no present GI symptoms), but has a personal history of GI disease, personal and/or family history of colon polyps and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g, every 2-5 years). Generally applied to a deductible and/or coinsurance by most insurance companies.

☐ *Diagnostic Colonoscopy* – Patient has past and/or present gastrointestinal symptoms (diarrhea, constipation, abdominal pain, etc.), polyps, GI disease or anemia. Generally applied to a deductible and/or coinsurance by most insurance companies.

*If a polyp(s) is removed during a screening or surveillance colonoscopy, the insurance company may consider the procedure and/or pathology charges to be diagnostic.*

### **Upper Endoscopy CPT (Procedure Code) – 43239**

All EGD procedures are processed as diagnostic.

### **How will I know what I will owe?**

#### **Insured Patients**

Call your insurance carrier and verify the benefits and coverage by asking the following questions. The code to give the insurance representative for a colonoscopy is **45378** and for an EGD **43239**. This code may change when submitted to the insurance company depending on the complexity of the procedure. You will also need to give the insurance representative your colonoscopy procedure type as indicated above (Preventive, Surveillance or Diagnostic). All Upper Endoscopy procedures are diagnostic.

Is the procedure covered under my policy (Colonoscopy and EGD)? ☐ Yes ☐ No

Will the colonoscopy be processed as Preventive, Surveillance or Diagnostic and what are my benefits for that service? (Results may vary based on how the insurance company recognizes the reason for your procedure).

Deductible: \_\_\_\_\_ Coinsurance: \_\_\_\_\_ Copay: \_\_\_\_\_

Is the facility in network? ☐ Yes ☐ No

Is the physician in network? ☐ Yes ☐ No

Do I have Preventive/Wellness/Routine Colonoscopy Benefits? ☐ Yes ☐ No

Are there age and/or frequency limits for my colonoscopy? (e.g., one every 10 years over the age of 45, one every two years for a personal history of polyps beginning at age 40, etc.) ☐ Yes ☐ No

If so: \_\_\_\_\_

Deductible: \_\_\_\_\_ Coinsurance: \_\_\_\_\_ Copay: \_\_\_\_\_

If the physician removes a polyp, will this change my out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical necessity benefit which equals more out of pocket expenses. Carriers vary on this policy.)

☐ Yes ☐ No

Representative's Name \_\_\_\_\_ Call Reference \_\_\_\_\_ Date \_\_\_\_\_

### **Uninsured patients**

You will be required to pay a pre-payment of \$550 at the time of your procedure. Your final billing statement will include a 50% discount.

The Average Fees vary depending on length of procedure, number of biopsies and complexity of the procedure.

You will receive a separate billing statement from Pathologist Diagnostic Services (PDS), PLLC and Watauga Medical Center (WMC) for all pathology charges.

To obtain estimated pathology charges from PDS, call toll free 844-210-9947. Let them know you are a patient of Appalachian Regional Healthcare System. They will honor our Self-Pay Discounts.

To obtain estimated pathology charges from WMC, call 828-262-4111.

For information concerning the WMC Financial Assistance Program, call 828-262-4110 or send an email to [patquestion@apprhs.org](mailto:patquestion@apprhs.org).

If you are in need of setting up a payment plan, ask our Check Out Receptionist for information about PayZen.

If you have applied for Medicaid, you will be scheduled at Watauga Medical Center. Please contact us as soon as the Medicaid is approved. We will need your Medicaid ID Number in order to process your claims.

### **Frequently Asked Questions**

**Can the physician change, add, or delete my diagnosis so that my procedure can be considered a preventive/wellness/routine screening? NO! The patient encounter is documented as a medical record from information you have provided. It is a binding legal document that cannot be changed to facilitate better insurance coverage.**

**What if my insurance company tells me that the physician can change, add or delete a CPT or diagnosis code? Often the representative will tell the patient that if the “doctor codes this as a screening; it will be covered differently”. A member services representative should never suggest a physician alter a medical record for billing purposes.**