



A member of Appalachian Regional Medical Associates

# Guideline to Assist Patients to Know What They will Owe for a Colonoscopy

## Who will bill me?

You may receive bills from separate entities associated with your procedure such as the physician, facility, anesthesia, pathologist and/or laboratory. We can only provide you with information associated with our fees.

## 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 IS REMOVED, THE INSURANCE MAY CONSIDER THE PROCEDURE AND/OR PATHOLOGY CHARGES TO BE DIAGNOSTIC.**

## How will I know what I will owe?

Call your insurance carrier and verify the benefits and coverage by asking the following questions. The code to give the insurance representative for your procedure is **45378**. 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 procedure type as indicated above (Preventive, Surveillance or Diagnostic).

Is the procedure covered under my policy?  Yes  No

Will the procedure 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 50, 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 \_\_\_\_\_

## 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.

If your insurance plan has a high deductible, you may be asked to submit a prepayment prior to your procedure.