

## Colonoscopy Categories

The Affordable Care Act, passed in March 2010, allows for several 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 can be defined as a preventative service (screening vs. diagnostic). These guidelines may exclude those patients with a history of gastrointestinal issues from taking advantage of the procedure at no cost. In cases like these, patients may be required to pay co-pays, deductibles, and co-insurance.

Although your primary care provider may refer you for a “screening” colonoscopy, you may not qualify for the “preventative colonoscopy screening” category.

- **Diagnostic / Therapeutic Colonoscopy** – Patient has present gastrointestinal symptoms, colon polyps or gastrointestinal disease requiring evaluation or treatment by colonoscopy.
- **Surveillance / High Risk Colonoscopy** – Patient is asymptomatic (no present gastrointestinal symptoms) and has a personal history of gastrointestinal disease (such as diverticulitis, Crohn’s Disease or ulcerative colitis), colon polyps, and/or cancer. Patients in the category are required to undergo colonoscopy surveillance at shortened intervals (usually every 2-5 years).
- **Preventative Colonoscopy Screening** – Patient is asymptomatic (no gastrointestinal symptoms), is 50 years old or older, and has no personal history of gastrointestinal disease, colon polyps, and/or cancer. Patients in this category have not undergone a colonoscopy within the last 10 years.

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To determine the category of your colonoscopy and approximate insurance benefits, please follow the steps below:

Obtain the preoperative CPT and diagnosis codes from the scheduler or medical assistant.

**CPT: 45380/45378** 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  
 Diagnostic

If my procedure will be a preventive (screening procedure), are there age or frequency limitations for my colonoscopy? (e.g., one every ten years over the age of 50, one every two 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?

(A biopsy or polyp removal may change a screening benefit to a medical benefit, which means more out-of-pocket expenses. Carriers vary on this policy.)  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 \_\_\_\_\_

After talking to your insurance provider, you may call our Patient Financial Services department at (425) 977-4620 with any questions or concerns, or to make payment arrangements, if necessary.

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**Frequently Asked Questions**

**Can the provider change, add, or delete my diagnosis so that my procedure can be considered a preventative screening?**

**No.** The patient encounter is documented as a medical record from information you have provided, as well as an evaluation and assessment by the provider. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

However, if a patient notices an error in the medical record) e.g., date of birth, medication dosage, history notation, etc.), he/she may request a correction/amendment by contacting the provider's office directly.

**What if my insurance company tells me that Gastro Health can change, add, or delete a CPT of Diagnosis Code?**

If you are given this information, please document the date of the call, name and phone number of the insurance representative to whom you spoke. Then contact our Patient Financial Services department at (425) 977-4620 to facilitate a coding review of your records.