COLONOSCOPY: WHAT YOU NEED TO KNOW

BAPTIST Medical Park
Surgery Center, L.L.C.

COLONOSCOPY CATEGORIES

The Affordable Care Act allows for preventive 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 screening/ preventive service. These guidelines may exclude those patients with any current gastrointestinal signs and symptoms, history of gastrointestinal disease, a personal or family history of colon polyps or colon cancer from taking advantage of the procedure at no cost. In cases like these, patients may be required to pay co-pays, co-insurance and/or deductibles.

Please Note: Although your primary care provider may refer you for a "screening" colonoscopy, you may not qualify for the "preventive/screening colonoscopy" benefit under your insurance plan. There are three colonoscopy categories:

- **Diagnostic/Therapeutic Colonoscopy –** If you have any gastrointestinal symptoms (i.e. diarrhea, constipation, rectal bleeding, abdominal pain, etc.), colon polyps, iron deficiency anemia, gastrointestinal disease or other abnormal tests requiring evaluation or treatment by colonoscopy. Usually subject to copay, coinsurance and/or deductible.
- **Surveillance/High Risk Colonoscopy –** If you are asymptomatic (no current gastrointestinal symptoms) and have a personal history of gastrointestinal disease (such as diverticulitis, Crohn's disease or ulcerative colitis), and/or a personal or family history of colon polyps and/or colon cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals, usually every 2 - 5 years. May be subject to copay, coinsurance and/or deductible.
- **Screening/Preventive Colonoscopy –** If you are asymptomatic (no current gastrointestinal symptoms), 50 years old or older and have no personal history of gastrointestinal disease, no personal or family history of colon polyps and/ or cancer. Patients in this category have not undergone a colonoscopy, or other screening for colon cancer, within the last 10 years. If these guidelines are met, may be covered at 100% under your plan.

FREQUENTLY ASKED QUESTIONS

Q. Who will bill me?

A. You may receive bills for separate entities associated with your procedure, such as the physician, facility, anesthesia, pathology (both processing and reading) and/or laboratory.

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

A. No. Any visits or history that you provided or your referring physician documented in the medical record is part of a binding legal document that cannot be changed or altered to facilitate better insurance coverage. If there is an error in your medical record, you have the right to request amendments to the record.

Q. What if my insurance tells me that AGA can change, add or delete a CPT code or diagnosis code?

A. 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 and a reference number. Then contact the provider's office and speak to one of the Accounts Specialist. Your insurance may tell you if your procedure is coded as a screening it will be covered at 100%. However, if your procedure does not meet the definition of a screening/preventative then it cannot be re-coded and filed as a screening/preventative colonoscopy.

Q. Will someone call me about what I owe?

A. As a courtesy, our office will check with your health insurance plan to obtain a cost estimate and see if a precertification is required. If you will be expected to pay a deposit on the date of your procedure, someone will call you 3-4 days before the procedure date to notify you of this expectation. We can never guarantee how your health insurance will pay for your services. It is always a good idea to call your insurance and understand your benefits and your health insurance expectations.

18-0075/0218