Premier Gastroenterology Associates

www.pgalr.com

Colonoscopy Coverage: What You Need To Know

IMPORTANT INFORMATION THAT MAY AFFECT YOUR OUT-OF-POCKET PAYMENT RESPONSIBILITY

The Affordable Care Act (ACA), passed in March 2010, allows for several preventative healthcare services, such as colonoscopy screening, to be covered by insurance at no cost to the patient. However, there are strict guidelines used by the insurance industry to determine when a colonoscopy is considered preventative or "screening". These guidelines may exclude patients with a history of gastrointestinal symptoms or diagnoses (such as a previous history of colon polyps) from taking advantage of the procedure at no out-of-pocket cost. In these cases, the patient may be required to pay co-pays and/or deductibles. Our goal is to help you better understand how to confirm what your benefits are under your current insurance plan.

Although your primary care provider may refer you for a "screening" colonoscopy, you may not qualify for the "preventative colonoscopy screening" category per the Affordable Care Act. Category descriptions are below:

- **Preventative "Screening" Colonoscopy –** Patient has not had a colonoscopy in the past 10 years (to the day), is age 45 or older, has had no colon polyps or colon cancer found at colonoscopy ever, no gastrointestinal symptoms or disease and has no family history of colon polyps or colon cancer.
- **Diagnostic Colonoscopy –** Patient has gastrointestinal symptoms such as, but not limited to: rectal bleeding, diarrhea, change in bowels; colon polyps found at colonoscopy or prior history of colon polyps, family history of colon polyps; other gastrointestinal symptoms or disease requiring evaluation and/or treatment by colonoscopy.
- **Surveillance/High Risk (often called "recall") Colonoscopy –** Patient has no current symptoms or known polyps but has a personal history of gastrointestinal disease (i.e., Crohn's disease, ulcerative colitis, etc.), colon polyps and/or cancer or a first-degree family member (mother, father, sister, brother or child) with a history of colon polyps and/or colon cancer. Patients in this category are recommended to have colonoscopy at shorter intervals than every 10 years, typically every 1-5 years, depending on the specific history. Insurance companies typically process these benefits under the "Diagnostic" category, disallowing the benefit of having it considered under the ACA as a preventative service to be covered by insurance at no cost to the patient.

Questions to ask your insurance carrier:

- What are my benefits and coverage for a "screening colonoscopy"? CPT Code 45378
- What are my benefits and coverage for a "diagnostic colonoscopy"? CPT Codes 45378-45392
- If you are 45-49 years old, ask if a "screening colonoscopy" is a covered benefit
- Is there a frequency limitation for these benefits (i.e., allowed once every 10 years, etc.)?
- If the provider removes polyps or takes a biopsy during my "screening" colonoscopy, will this change my procedure to a "diagnostic" colonoscopy with additional out-of-pocket responsibility?

We are frequently asked if the provider can change, add, delete or otherwise alter the indications (reasons) for procedure in the medical record so that the procedure may be considered preventative. Your medical record is a binding, legal document that cannot be changed to facilitate better insurance coverage. Even if your insurance company representative tells you we can change the code, we cannot. We are legally responsible to report services actually performed with the indications and diagnoses of record. Your insurance company may not be aware of all of your health history that is included in your medical record.

If you have an error in your medical record, you may request a correction/amendment by contacting the office of the provider who documented the error.