

## **Colonoscopy Billing: What You Need to Know!**

The Affordable Care Act (ACA) passed in March 2010 allows for several preventive services, such as a screening colonoscopy, to be covered by your insurance company with no out of pocket costs to you. **However, each insurance carrier has different benefit guidelines for colonoscopies and there are many situations where out-of-pocket costs apply.**

### **Colonoscopy Categories:**

- **Diagnostic/Therapeutic Colonoscopy:** Patient is currently having gastrointestinal (GI) symptoms, has known polyps, or gastrointestinal problems/diseases. This service is NOT considered preventive and is NOT included in the provisions of the ACA.
- **Surveillance/High Risk Screening Colonoscopy:** Patient is asymptomatic (no GI symptoms), but does have a personal history of GI disease, colon polyps, and/or cancer. Patients in this category are required to undergo a colonoscopy at shortened intervals (e.g. every 5 years or sooner). Medicare covers colonoscopies for high risk patients every two years. Most insurance companies consider this a surveillance colonoscopy therefore applied to your deductible and co-insurance.
- **Preventive/Screening Colonoscopy:** Patient is asymptomatic (no GI symptoms), age 50 or over, has no personal history of GI disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. This service may be covered under the ACA.

**For all colonoscopy categories, you should be prepared to pay an amount up to your deductible, plus any applicable co-insurance amounts.** It is important to know that your insurance company may not consider your colonoscopy a “screening colonoscopy.” Please check with your insurance company before your procedure and be sure to ask about your out-of-pocket cost, should your colonoscopy not be covered as “screening.” Preparing for a variety of insurance coverage scenarios can help avoid unpleasant surprises, after-the-fact.

**Can the physician change, add or delete my diagnosis code so that I can be considered a screening colonoscopy patient? No.** The patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding, legal document that cannot be changed, per governmental, insurance and compliance guidelines to facilitate better insurance coverage. This is considered insurance fraud and punishable by law.

**What if my insurance company tells me that The Oregon Clinic can change, add or delete a CPT or diagnosis code?** This is actually a common occurrence. Often the customer service representative of an insurance company will tell a patient that if the physician had coded the colonoscopy with a “screening” diagnosis, that the colonoscopy would be covered at 100%. However, further questioning of the customer service representative will reveal that the “screening” diagnosis can only be added if it applies to the patient. If you are given this information, please document the date, name and phone number of the customer service representative. Next, contact our Business Office at (503) 963-2900, who will perform an audit of the charges and investigate the information given. Often the outcome results in the insurance company calling the patient back and explaining that the member service representative should NOT have suggested that the physician change their billing to produce better benefit coverage.

**Why am I charged for sedation/anesthesia services, when I wasn't a few years ago?** Our goal is to provide you with the safest and most effective anesthesia for your procedure. Therefore, we only use Anesthesiologists (MDs) and/or Certified Nurse Anesthetists (CRNAs) to administer anesthesia to our patients. Your insurance carrier will be billed for professional anesthesia services provided by the anesthesiology providers (MDs or CRNAs).

**What are my out-of-pocket costs?** To estimate your costs, you will first need to contact your insurance company to verify your benefits and any cost share you may have. Contact your insurance carrier or check their website for "Procedure Estimator" to fill in the worksheet below.

**PLEASE NOTE THAT THE QUESTIONS AND DIAGNOSIS CODES ARE DIFFERENT, DEPENDING WHETHER YOU HAVE HAD A COLONOSCOPY WITHIN THE PAST 10 YEARS.**

**Use this table if you have:**

- Never had a colonoscopy
- Over 10 years since your last colonoscopy

What is my deductible amount?	\$
How much of my deductible have I met this year?	\$
What are my estimated out-of-pocket costs for a SCREENING colonoscopy? (CPT code 45378, with diagnosis code Z12.11)	\$
What if the physician takes a biopsy and/or removes a polyp? (CPT code 45380 and/or 45385)	\$
Estimated Facility Charges (Note: Procedures at the hospital are usually more expensive than in the Endoscopy Center.)	\$
Estimated Pathology Charges (CPT codes 88305 and 88312)	\$
Estimated Sedation Charges (CPT codes 00812)	\$
<b>ESTIMATED TOTAL</b>	<b>\$</b>

**Use this table if you have:**

- Had a previous colonoscopy
- Under 10 years since your last colonoscopy

What is my deductible amount?	\$
How much of my deductible have I met this year?	\$
What are my estimated out-of-pocket costs for a SURVEILLANCE colonoscopy? (CPT code 45378, with diagnosis code Z86.010 –personal history of polyps or Z80.0- family history of colon polyps)	\$
What if the physician takes a biopsy and/or removes a polyp? (CPT code 45380 and/or 45385)	\$
Estimated Facility Charges (Note: Procedures at the hospital are usually more expensive than in the Endoscopy Center.)	\$
Estimated Pathology Charges (CPT codes 88305 and 88312)	\$
Estimated Sedation Charges (CPT codes 00811)	\$
<b>ESTIMATED TOTAL</b>	<b>\$</b>