

IF YOU ARE ABOUT TO HAVE A COLONOSCOPY

What Capital Digestive Care wants you to know if you are about to have a Colonoscopy.

The Affordable Care Act (“Obamacare”), passed in March 2010, allows for several preventive services, including colorectal cancer screening, to be covered at no cost to the patient. Colonoscopy is one form of colorectal cancer screening.

Colonoscopy patients fall into 3 different categories and strict coding guidelines are used to determine under which category you may fall. These guidelines may preclude your procedure being covered at 100% by your insurance carrier even though your primary care physician may have referred you for a “screening” colonoscopy. A personal or family history may be the basis for your procedure to be considered either a diagnostic or surveillance colonoscopy as determined by each individual health insurance carrier policy.

COLONOSCOPY CATEGORIES (See Below):

- 1. Diagnostic / Therapeutic Colonoscopy** – Patient has gastrointestinal symptoms, colon polyps, or gastrointestinal disease requiring evaluation or treatment by colonoscopy (**CPT Code: 45380 – See # 1 below**).
- 2. Surveillance / High Risk Colonoscopy Screening** – Patient is asymptomatic (no present gastrointestinal symptoms) and has a personal history of Crohns’ Disease, Ulcerative Colitis, or a personal or direct relative with colon polyps, and/or colon cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (usually every 2 – 5 years) and depending on your insurance carrier, this category may be reimbursed as if you were having a diagnostic colonoscopy (**CPT Code: 45378 – See #2 below**).
- 3. Preventive / Average Risk Colonoscopy Screening (Included as part of the Affordable Care Act)** – Patient is asymptomatic (no present 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 (**CPT Code: 45378 – See #3 below**).

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

- Call your insurance carrier’s customer service line and verify your specific benefits and coverage by asking the following questions:
 - How will my coverage reimburse for each of the following CPT codes and associated diagnoses?
 - 1. CPT Code: 45380 Diagnosis: Clinical Findings such as polyp (211.3)**
 - 2. CPT Code: 45378 Diagnosis: V12.72 (Personal History)**
 - 3. CPT Code: 45378 Diagnosis: V76.51 and/or V16.0 (screening or family history)**
 - Will the claim be processed as:
 - ☐ Preventive (Routine/Screening) or
 - ☐ Surveillance or
 - ☐ Diagnostic/Therapeutic/Medical

- Will this colonoscopy be paid by the insurance company at 100% as defined by the Affordable Care Act?

☐ Yes ☐ No

- If my procedure is a preventive (screening) procedure, does my insurance plan have age, frequency, or personal/family history limitations for my colonoscopy (e.g., one every ten years over the age of 50, one every two years for personal history of polyps beginning at age 45, etc.)?

☐ Yes

☐ No

If YES, list limitations here: _____

- 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 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 Still Outstanding _____

Physician (Provider) in Network ☐ Yes ☐ No Physician Co-insurance (Co-pay) _____

Facility (EndoCenter) in Network ☐ Yes ☐ No Facility Co-Insurance (Co-pay) _____

Pathology Lab in Network ☐ Yes ☐ No Pathology Co-Insurance (Copay) _____

Anesthesiologist in Network ☐ Yes ☐ No Anesthesia Co-Insurance (Copay) _____

Phone Call Reference or Confirmation Number _____

After speaking with your insurance representative, feel free to contact your Physician's Office or Capital Digestive Care's Billing Office (240.485.5200, ext. 2) with any questions or concerns, or, if necessary, to make payment arrangements.

FREQUENTLY ASKED QUESTIONS:

- **How many charges can I expect to receive?**

You will always receive at least two charges...one charge from your Doctor and the other for the use of the Facility or EndoCenter. If anesthesia is given during the colonoscopy, you will receive a charge for the Anesthesiologist as well. Additionally, if clinical findings necessitate a biopsy, then you will receive a charge for the Pathology Laboratory's services. Thus, you could receive as many as 4 different bills for your colonoscopy.

- **Can the physician change, add, or delete my diagnosis so that my procedure can be considered a preventive screening?**

NO. The patient encounter is documented utilizing the information you have provided and the results of your Provider's evaluation and assessment. Once the medical record is documented it becomes a binding legal document and it cannot be changed to facilitate better insurance coverage. *However, if an error in the medical record is noticed (e.g., date of birth, medication dosage, history notation, etc.) then the patient may request a correction or amendment by contacting the Physician's office.*

- **What if my insurance company tells me that Capital Digestive Care can change, add, or delete a CPT or 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 Capital Digestive Care's Billing Office at 240.485.5200, ext. 2, and they will facilitate a coding review of your medical record.

- **Is an Upper Endoscopy (EGD) part of the Affordable Care Act?**

NO and all patients will be responsible for their deductible and copay as detailed in your health insurance policy.