Colonoscopy – What you need to know!

At Digestive Health Clinic, LLC and Idaho Endoscopy Center, We strive to provide our patients with helpful information regarding colonoscopies.

The Affordable Care Act passed in March 2010, allowed for several preventive services to be covered at no cost to the patient. However, there are many situations that may prevent patients from utilizing this provision. There are strict guidelines on which colonoscopies are defined as a preventive service (screening). These guidelines may exclude those patients with gastrointestinal (GI) symptoms from taking advantage of the services at no cost. Patients may be responsible for co-pays and deductibles.

Let us walk you through some of the confusion regarding colonoscopy reimbursement:

- Diagnostic/Therapeutic Colonoscopies - Patients with past or present symptoms, polyps, and/or GI disease.
- Surveillance/High Risk Colonoscopies - Patients who have no symptoms, but have a personal history of GI disease, colon polyps, colon cancer and/or a family history (1st degree relative; mother, father, or sibling) of polyps or cancer. Surveillance colonoscopies are generally performed in intervals of 6 months to 5 years.
- Preventive/Screening Colonoscopies - Patients who have not undergone a colonoscopy within the last 10 years, are usually over the age of 50, have no symptoms or GI disease and no personal or family history of colon polyps and/or colon cancer.

Even though your primary care provider refers or orders a "screening" colonoscopy, you may not qualify for a screening. This is based on the information we received from your healthcare provider and our provider who reviews your records.

Questions you may have:

If I qualify for a preventive/screening colonoscopy and during the procedure a polyp is found, is my procedure still considered preventive/screening?

Each insurance company treats this situation differently. Some insurance companies will still consider this a screening colonoscopy; others will not and will cover the procedure as a diagnostic colonoscopy, which could mean more out of pocket expense to you. It's important that you speak with your insurance company to understand their policy for this situation.

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

No. The patient encounter is a medical record created from the information that you, the patient, has provided. This is an evaluation and assessment from our provider. It is a legal document that cannot be altered to receive better insurance coverage. There are strict insurance documentation, government, and coding guidelines that prevent a provider from altering a chart or bill for the purpose of changing your insurance coverage determination. This would be considered insurance fraud!

What if my insurance company tells me that the provider can change, add, or delete a CPT code or diagnosis code?

Some insurance representatives will tell patients that if the provider codes as a "screening" it would be covered at 100%. If you are told this by your insurance representative please get their name and phone number. Call our billing office at (208) 489-1836 so we can audit your encounter and investigate the information given. We may need to initiate a conference call with you and your insurance company.