

Colonoscopy: The Facts about Financial Obligations

**Just because your doctor may refer you for a “screening” colonoscopy, does not mean your insurance company will determine that you qualify for a “screening” exam.**

The Affordable Care Act passed in March 2010 allowed for preventative services, such as colonoscopies, to be covered at no cost to patients. Unfortunately there are strict and changing guidelines on which colonoscopies are defined as a preventative (screening) service.

Patients often have a misunderstanding that they will not be required to pay co-pays or deductibles. We hope that this education will help sort through some of the confusion and misinformation.

**Colonoscopy Categories:**

* **Your colonoscopy category is determined by your medical record.**

Diagnostic/therapeutic colonoscopy:

Patient has past and or present gastrointestinal symptoms, polyps or gastrointestinal disease.

Surveillance/ High Risk Screening Colonoscopy

Patient does not have past or present gastrointestinal symptoms, has a personal history of gastrointestinal disease, colon polyps, and or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).

Preventive Colonoscopy Screening

Patient has no gastrointestinal symptoms either past or present, is over the age of 50, has no personal or family history of gastrointestinal disease, colon polyps, and or cancer. The patients has not had a colonoscopy in the past 10 years.

**Frequently Asked Questions:**

**Can the physician change, add or delete my diagnosis so that I can be considered a colon screening?**

No, this is considered insurance fraud and punishable by law. Your medical record is a legal document that cannot be changed to facilitate better insurance coverage.

**What if my insurance company tells me that Tri-State can change, add or delete my diagnosis code?**

Tri-State cannot change the way a colonoscopy is billed unless the documentation by your doctor supports the change. Insurance company representatives may tell a patient that if only the physician coded it with a “screening” diagnosis it would have been covered at 100%. Remember, your medical record is a legal document that cannot be changed to facilitate better insurance coverage.

**Who will bill me?**

You may receive bills from separate entities associated with your procedure, such as the physician, surgery center, anesthesia, pathologist and laboratory. Tri-State can only provide you information about our fees. If you have questions call our billing department at 724-225-8800 ext. 110.