Colonoscopy: Screening versus Diagnostic

There are strict guidelines on which colonoscopies are defined as a preventative service (screening), diagnostic service, versus surveillance services. Patients may be required to pay copays and/or deductibles for screening services turned diagnostic and surveillance services. **It is your responsibility to know your insurance policy and the services covered by your plan. Please contact your insurance company with benefit questions prior to your procedure.**

Our practice has created this document to sort through some of the confusion and misinformation out there. Here is what you need to know:

Preventative (screening) colonoscopy

- Low Risk- these patients have no symptoms or history of colon disease, cancer, or polyps (personal or family). Colonoscopy is performed beginning at 50 years of age.
- High Risk- These patients usually have one or more of the characteristics listed below. In this case, colonoscopy is performed more frequently or at a younger age based on the indication or diagnosis.
    - Close family member (parent, sibling, or child) diagnosed with colorectal cancer
    - Family History of close family member with adenomatous colon polyps.
    - Family history of hereditary non-polyposis colorectal cancer.
    - Personal history of colon polyps
    - Personal history of colorectal cancer
    - Personal history of IBS, Crohn's Colitis, or Ulcerative Colitis

Diagnostic Colonoscopy

If you have experienced one or several of the symptoms/diagnosis listed below your colonoscopy would be considered diagnostic.

- Blood mixed in the stool
- Bleeding with bowel movements
- Anemia
- Change in bowel habits
- Diarrhea
- Abdominal Pain
- Bloating
- Constipation
- Diarrhea
- Discharge
- Crohn's Disease
- Diverticulosis

Things to consider when calling your insurance company to check your colonoscopy benefits:

Does insurance cover screening colonoscopy at age 50 or 45?

Are there age and/or frequency limits for my colonoscopy? (example: one every 10 years over the age of 50, one every two years for a personal history of polyps at age 45?)

Is the procedure and diagnosis covered under my policy?

Will the diagnosis code be processed as preventative, surveillance, or diagnostic and what are my benefits for that service? (benefits vary based on how insurance company recognizes the diagnosis)

If the physician removes a polyp or finds any other issues (ex: diverticulosis, diverticulitis, etc) will this change my out of pocket responsibility? (a biopsy or polyp removal may change a screening benefit to a medical necessity benefit: more out of pocket expenses. Carriers vary on this policy)

Can the physician change, add, or delete my diagnosis so that I can be considered a colon screening? 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 to facilitate better insurance coverage.

This is actually a common occurrence. Often member service representatives will tell a patient that if only the physician coded it with a "screening" diagnosis it would have been covered at 100%.

Many insurance carriers only consider a patient over the age of 50 with no personal or family history as well as no past or present gastrointestional symptoms as a "screening".

Any questions about procedure code or diagnosis code please reach out to Kaylene at 660-747-5558 option 3.

You may get up to 4 bills for your colonoscopy.

1. One from the doctor who did your colonoscopy
2. One from the place where you had your colonoscopy.
3. One from the anesthesia care team, if you get sedation.
4. One from the pathology lab, if a biopsy or polyp is removed.