Colonoscopy: Understanding Insurance Coverage for Colonoscopy

We would like to help you better understand the terms your physician or your insurance company may use for a colonoscopy procedure and how it associates with payment methods.

"**Screening**" and "**surveillance**" are two terms that often cause confusion and can have different reimbursement outcomes. Even though your physician may order a "screening" colonoscopy, your insurance company may consider it a "surveillance" colonoscopy. If your insurance company processes the charge as a surveillance procedure, you may have some out-of-pocket expenses you did not anticipate. For this reason, **we encourage all patients to contact their insurance company prior to their procedure.** In order to help you better understand some of the possible cost sharing that may occur and to assist you during your call with the insurance company, we have included some information below regarding "screening", "surveillance", and diagnostic/therapeutic colonoscopies.

Payers Have Three Colonoscopy Categories:

SCREENING COLONOSCOPY
G0121 (CPT) Routine Screening Colonoscopy
Z12.11 (Diagnosis Code) Screening of the Colon
Definition: A screening colonoscopy is performed once every 10 years for asymptomatic patients over age 50 with no history of colon cancer, polyp, and/or gastrointestinal disease.

SURVEILLANCE COLONOSCOPY
G0105 (CPT) High Risk Colonoscopy
Z86.010 Personal History of Polyps
Z80.0 Family History of Colon Cancer
Definition: The patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of gastrointestinal disease, colon polyps, and/or cancer.
Patients in this category typically are required to undergo colonoscopy every 2 – 5 years.
Depending upon on your insurance carrier, surveillance colonoscopy could be processed under your screening benefits or diagnostic benefit and may have some cost share.

DIAGNOSTIC / THERAPEUTIC COLONOSCOPY
45378, 45380, 45385, G0105 (typically)
Definition: The patient has past/or present gastrointestinal symptom(s), polyps, or gastrointestinal disease.

In the event an abnormality is seen or suspected during the procedure, a portion of tissue (biopsy) may be removed or small growths (polyps), if seen, may be removed. Depending on your insurance coverage, this could be processed under your screening benefits or diagnostic benefit and may have cost share. Diagnostic procedures typically will have a cost share depending on your deductible obligation per your insurance plan.

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You may receive bills from separate entities associated with your procedure such as the facility, anesthesiology, pathology, and/or laboratory. If your procedure is scheduled at Center for Digestive Care, we can only provide you information based on our fees (professional, anesthesia, and facility), not ancillary fees such as pathology.