

COLONOSCOPY: KNOW YOUR INSURANCE BENEFITS

The information below will help you review your upcoming procedure with your insurance carrier to discuss how your insurance company will process your claim.

The Affordable Care Act passed in March 2010 established guidelines now used by the majority of insurance companies to define and process colonoscopies. **A-Preventive, B-Surveillance, or C-Diagnostic**

A) Preventive/ Screening/Routine Colonoscopy: Procedure code (CPT) 45378 or 45380 *
Diagnosis Code (ICD-10) Z12.11

Guidelines: Patient is age 50 or over, has **no** gastrointestinal symptoms such as bleeding or constipation, has no personal or family history (parent, sibling or child) of gastrointestinal disease, colon polyps, and or colon cancer. The patient **did not** have a previous colonoscopy within the **last 10 years**.

B) Surveillance/High-Risk Screening Colonoscopy: Procedure code (CPT) 45378 or 45380 *

Guidelines: Patient has no gastrointestinal symptoms such as bleeding or constipation and has one or more of the following:

- | | <u>Diagnosis Code (ICD-10)</u> |
|--|--------------------------------|
| • Personal history of adenomatous polyps | Z86.010 |
| • Personal history of colon or rectal cancer | Z85.038, Z85.048 |
| • Personal history of inflammatory bowel disease/
and/or Crohn's/Ulcerative colitis | Z87.19 |
| • Family history (parent, sibling or child) colon or rectal cancer | Z80.0 |
| • Family history (parent, sibling or child) adenomatous polyps | Z83.71 |
| • Family history (parent, sibling or child) adenomatous
polyposis of the colon | Z83.71 |

Due to increased risk factors patients with these or related conditions/histories undergo colonoscopy surveillance at shortened intervals (every 2-5 years).

C) Diagnostic/Therapeutic Colonoscopy Procedure code (CPT) 45378 or 45380 *

Guidelines: Patient has past and or present gastrointestinal symptoms such as rectal bleeding, rectal pain, abdominal pain, cramping, weight loss/gain, anemia, and change in bowel habits, polyps, or inflammatory bowel disease.

- | | <u>Diagnosis Code (ICD-10)</u> |
|---------------------------|--------------------------------|
| • Abdominal pain: | R10.84 |
| • Change in bowel habits: | R19.4 |
| • Diarrhea: | R19.7 |
| • Constipation: | K59.00 |
| • Rectal bleeding: | K62.5 |
| • Blood in stool: | K92.1 |
| • Other _____ | |

IMPORTANT NOTE RE: EGD/UPPER ENDOSCOPY

Procedure code (CPT) 43235 or 43239 *

EGD's or Upper GI endoscopy procedures are ALWAYS processed under the medical benefit. Digestive Health Physicians have agreements with the majority of commercial insurance carriers that will apply a 50% reduction to the charge when it is performed in conjunction with a colonoscopy and your policy's copayment, and or deductibles will apply.

*Note procedure & diagnosis codes listed above are the most common; many times there are other related codes that may be used based upon findings during your procedure.

*Note if a biopsy is collected a screening or surveillance colonoscopy turns into a Diagnostic Colonoscopy

As the patient you need to be informed:

You need to call YOUR INSURANCE COMPANY TO REVIEW YOUR BENEFITS

Know what you will owe under your policy!

You will need to provide your preoperative procedure code (CPT) and Diagnosis codes (ICD).

Please keep in mind that verification of insurance benefits is **NOT** a guarantee of payment. **Ultimately it is the terms of your insurance policy that will determine your coverage. Be sure you understand your plan benefits!**

QUESTIONS to ask when you call your insurance company

1. With these diagnosis codes, how will my procedure be covered under my policy?
 - Preventative (routine or wellness screening)
 - diagnostic (medically necessary)
2. If processed under my medical benefit what will my deductible and coinsurance responsibility be?

Deductible: _____ Amount of Deductible Met: _____

Family Deductible Met if Applicable _____ Coinsurance/Co-pay: _____

3. Is the facility where I am scheduled for my procedure in the network? (benefits change if out of network)
The facilities that we use are: Gulf Coast Endoscopy Center South, Health Park Hospital Outpatient Endoscopy and Bonita Community Heath Center
4. For preventative/screening/routine colonoscopy are there age/and or frequency limits for my colonoscopy? (One every ten years over the age of 50, one every two years for a personal history of polyps, bleeding, constipation, etc.)?

If you have questions regarding your financial obligations, please call our Financial Counselor at 239-939-9939 Opt # 1. We would be happy to assist you with understanding your financial obligations before receiving services.

FACTS TO KNOW ABOUT MEDICAL DOCUMENTATION, CODING, AND INSURANCE

Government and insurance documentation and coding guidelines govern how medical information is captured in your medical record. Medical providers are **prohibited by law from altering** a patient's medical chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law. Your **medical record cannot be changed to facilitate better insurance coverage.**

Most insurance carriers will only process a colonoscopy under the preventive benefit for patients **AGE 50** or older with **NO** personal GI history, **NO** family GI history, and **NO** current or past GI symptoms.

Your insurance company client service representatives may tell you: *"If the provider codes the record with a "screening" or rebills with a "screening" diagnosis it would be covered at 100%."*

Insurance Company representatives **do not know** your medical and family history and are not trained medical records coders. **Be sure to keep notes with the name of the representative you spoke with, date, time and reference number. Always ask for reference #** as this will help with any follow-up questions that may arise.

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