



SCREENING OR DIAGNOSTIC COLONOSCOPY?

What You Need To Know!!!

The Affordable Care Act passed in March 2010 allowed for preventative services for colonoscopies, to be covered at no cost to the patient. However, there are many limitations that prevent patients from taking advantage of this provision. One example is a “grandfather” clause; where insurance companies have two years before offering preventative services at no cost. There are now strict and changing guidelines on which colonoscopies are defined as a preventative service (screening or routine colonoscopy). These guidelines may exclude many patients with gastrointestinal histories from taking advantage of the service at no cost. Patient may be required to pay co-pays, co-insurance and deductibles.

The information below is to address the confusion and help patients better understand the billing process.

Colonoscopy Categories:

Preventive/Routine Colonoscopy Screening

Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of gastrointestinal disease, colon polyps, and/or colon cancer. The patient has not undergone a colonoscopy within the last 10 years.

Surveillance/High Risk Screening Colonoscopy

Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history and/or a family history of gastrointestinal disease, colon polyps, and/or colon cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (every 2-5 years).

Diagnostic/Therapeutic Colonoscopy

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

Your primary care physician may refer you for a “screening” colonoscopy or you may receive notification from us that it is time to repeat your colonoscopy; however, you may NOT qualify for the “screening” category. If the physician removes a polyp or does a biopsy it may change a screening benefit to a medical necessity benefit meaning more out of pocket expense. Insurance carriers vary on this policy.

The physician **CANNOT** change or delete the diagnosis so that it can be considered a colon screening. The patient history is documented as a medical record from information you the patient have provided, or information received from your primary care physician, or from an evaluation from the physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

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