

Sante D. Bologna, MD, FACP
John R. Weber, MD
Richard T. Wille, MD
Partha S. Nandi, MD, FACP
M. Emin Donat, FRCPC

CENTER FOR DIGESTIVE HEALTH

(248) 844-9710 · www.troygastro.com

Leonard G. Quallich III, MD
Anezi E. Bakken, MD, MS
Amir Abadir, MD, FRCPC
Jack Tocco, DO
Ihab Hammoud, MD, FACP

Colonoscopy: Screening or Diagnostic?

The Affordable Care Act passed in March 2010 allowed for several preventative services, such as screening colonoscopies, to be covered at no cost to the patient. As of Feb. 25, 2013 – The federal government (Department of Health and Human Services) has issued an important clarification on preventive screening colonoscopy. This ensures colorectal cancer screening is available to privately insured patients at no additional cost, as intended by the new healthcare law. Patients with Medicare coverage must still pay a coinsurance when a polyp is removed as a result of the screening colonoscopy. That only applies to average screening, not high risk screening. Medicare still covers high risk screening at the same rate as an average risk screening but commercial payers may not. Some will impose standard benefits to those patients with a personal history of polyps, cancer, or GI disease.

Colonoscopy Categories:

Diagnostic/Therapeutic Colonoscopy: Patient has past and/or present gastrointestinal symptoms, polyps, GI disease, iron deficiency anemias and/or any other abnormal tests.

Surveillance/High Risk Screening Colonoscopy: Patient is asymptomatic (no gastrointestinal systems either past or present), has a personal history of GI disease, personal and/or family history of 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 Diagnosis:

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

Your primary care physician may refer you for a “screening” colonoscopy but there may be a misunderstanding of the word screening. This will be determined in the pre-operative process. Before your procedure, you should know your colonoscopy category. After establishing which procedure you are having, you can do some research.

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

No! The patient encounter is documented as a medical record from information you have provided as well as what is obtained during taking our pre-procedure history and assessment. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

Patients need to understand that strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law with fines and/or jail time.

What if my insurance company tells me that the doctor can change, add, or delete a CPT or diagnosis code?

This happens a lot. Often the representative will tell the patient if the “doctor had coded this as a screening, it would have been covered differently. However, further questioning of the representative will reveal that the “screening” diagnosis can only be amended if it applies to the patient. Remember, that many insurance carriers only consider a patient over the age of 50 with no personal or family history as well as not past or present gastrointestinal symptoms as a “screening” (Z12.11)

If you are given this information, please document the date, name, and phone number of the insurance representative. Next, contact our billing department who will perform an audit of the billing and investigate the information given. Often the outcome results in the insurance company calling the patient back and explaining that the member services representative should never suggest a physician change their billing to benefit a patient’s coverage.

Wellpointe Office
1701 E. South Blvd.
Ste. 300
Rochester Hills, MI 48307
Fax: 248.844.9711

Macomb Office
48801 Romeo Plank Rd.
Suite 102
Macomb, MI 48044
Fax: 586-329-3215



Lake Orion Office
1455 S. Lapeer Rd
Suite 231
Lake Orion, MI 48360
Fax: 248-232-0086

Unasource Office
4600 Investment Drive
Suite 380
Troy, MI 48098
Fax: 248-267-5026

Sante D. Bologna, MD, FACP
John R. Weber, MD
Richard T. Wille, MD
Partha S. Nandi, MD, FACP
M. Emin Donat, FRCPC

CENTER FOR DIGESTIVE HEALTH

(248) 844-9710 · www.troygastro.com

Leonard G. Quallich III, MD
Anezi E. Bakken, MD, MS
Amir Abadir, MD, FRCPC
Jack Tocco, DO
Ihab Hammoud, MD, FACG

Colonoscopy Notification Statement Know What You Will Owe

Colonoscopy CPT (Procedure Code): 45378 Medicare and BCBS use code G0121 for screening or G0105 for surveillance.

Please note: The procedure code is subject to change. The actual procedure code used for billing cannot be determined until the procedure has been completed.

- Diagnostic/Therapeutic Colonoscopy:** Diagnosis _____
Patient has past and/or present gastrointestinal symptoms, polyps, GI disease or anemias.
- Surveillance/High Risk Colonoscopy:** Diagnosis _____ (example: personal history of colon polyps)
Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of GI disease, personal and/or family history of 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 Screening Colonoscopy:** Diagnosis code for routine screening is Z12.11.
Patient is asymptomatic (*no gastrointestinal symptoms* either past or present), over the age 50, has no personal or family history of GI disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

Who will bill me? You may receive bills for separate entities associated with your procedure, such as the physician, facility, anesthesia, and pathology.

How will I know what I will owe?

Call your insurance carrier and verify the benefits and coverage by asking the following questions. Codes for your procedure are listed above. (You will need to give the insurance representative you preoperative CPT and Diagnosis codes.)

1. Is the procedure covered under my policy? **Yes** _____ **No** _____

2. Will the diagnosis code be processed as preventative, surveillance, or diagnostic and what are my benefits for that service? (Results may vary based on how the insurance company recognizes the diagnosis).
Diagnostic/Medical Necessity Benefits
Deductible: _____ Coinsurance Responsibility: _____
Facility in Network: **Yes** _____ **No** _____
Preventative/Wellness/ Routine Screening Colonoscopy Benefits:
Are there age and/or frequency limits for my colonoscopy? (e.g., one every 10 years over the age of 50, one every two years for a personal history of polyps beginning at age 40 etc.)
No _____ **Yes** _____ **If so:** _____

3. If the physician removes a polyp, will this change my out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical necessity benefit which equals more out of pocket expenses. Carriers vary on this policy.)
No _____ **Yes** _____

Representatives Name _____ Call Reference #: _____ Date: _____

Wellpointe Office
1701 E. South Blvd.
Ste. 300
Rochester Hills, MI 48307
Fax: 248.844.9711

Macomb Office
48801 Romeo Plank Rd.
Suite 102
Macomb, MI 48044
Fax: 586-329-3215



Lake Orion Office
1455 S. Lapeer Rd
Suite 231
Lake Orion, MI 48360
Fax: 248-232-0086

Unasource Office
4600 Investment Drive
Suite 380
Troy, MI 48098
Fax: 248-267-5026

Sante D. Bologna, MD, FACP
John R. Weber, MD
Richard T. Wille, MD
Partha S. Nandi, MD, FACP
M. Emin Donat, FRCPC

CENTER FOR DIGESTIVE HEALTH

(248) 844-9710 · www.troygastro.com

Leonard G. Quallich III, MD
Anezi E. Bakken, MD, MS
Amir Abadir, MD, FRCPC
Jack Tocco, DO
Ihab Hammoud, MD, FACG

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

NO! The patient encounter is documented as a medical record from information you or your primary care physician have provided. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

If your insurance plan has a high deductible, you may be asked to make a deposit prior to your procedure. For our fees, deposits, or an explanation of this form, please call our billing department at (586)-726-8423. Further information on colonoscopy can be obtained on our website at www.troygastro.com.

Wellpointe Office
1701 E. South Blvd.
Ste. 300
Rochester Hills, MI 48307
Fax: 248.844.9711

Macomb Office
48801 Romeo Plank Rd.
Suite 102
Macomb, MI 48044
Fax: 586-329-3215



Lake Orion Office
1455 S. Lapeer Rd
Suite 231
Lake Orion, MI 48360
Fax: 248-232-0086

Unasource Office
4600 Investment Drive
Suite 380
Troy, MI 48098
Fax: 248-267-5026