

Routine, Screening, Well-Visit, Preventative Care, Personal History, Family History
What you need to know BEFORE scheduling your procedure!

Please contact your insurance carrier **before your exam** to learn about the possible differences in your benefits.

1. Our charges are billed according to the American Medical Association's regulations, using the same code books as all insurance carriers. Although we submit the appropriate codes including indicating screening procedures, each insurance carrier is unique in how they may process your claim.
2. The **definition of screening colonoscopy** is a colonoscopy performed when the patient has **no medical indication for the procedure**. "**No medical indication**" means you *have not had* rectal bleeding, blood in your stool, change in bowel habits, abdominal pain. Diagnoses of a family or personal history of colon polyps or colon cancer may be considered "screening" by some insurance carriers, and "diagnostic" – deductible may apply – by others. We do not know this in advance.
3. When you tell us you have no symptoms AND have a screening benefit, we **schedule your procedure as a screening colonoscopy**.
4. **When your claim is submitted to your insurance carrier**, we are required to bill with the *findings* after your colonoscopy is complete. This means that if you have no symptoms and had a screening colonoscopy where a condition was found (such as polyp, diverticulosis, colitis, etc.), we will bill your insurance carrier with the diagnosis of the condition *as well as* the codes for screening colonoscopy. Hospitals bill mainly on your pre-colonoscopy diagnosis. For example:
 - If during a screening exam a ***polyp is removed***, a ***biopsy taken*** or a ***medical condition found***, coding regulations state your claim must be filed based on your **final, post-procedure diagnosis**. This may mean your claim is processed with benefits for diagnostic or surgical testing – ***not routine screening***. If we scheduled you for a screening colonoscopy, that code is billed on your claim, however, we cannot determine how your insurance carrier will process it.
 - If you have a normal exam with no biopsies taken and no conditions found, your insurance carrier ***may process this as a screening exam***. Every insurance carrier is different, and we cannot determine, nor will your insurance carrier guarantee, under what benefit your claim will be processed until it has been submitted to them.
 - Be aware that some policies offer screening benefits with a set monetary limit, which can be very low or cover all your hospital and physician claims. IF your screening benefit is exhausted, **you may be responsible for charges not covered by that benefit**.
 - Some insurance carriers may deny after-the-fact your screening colonoscopy based on your age, although you may have medical indications for the procedure. Each insurance carrier handles these claims differently, and do not tell us in advance how they will process your claim. They only tell us how we must bill your claim.
5. Neither the hospital nor our office can change codes after they have been billed in order to obtain claim payment. This is considered fraud, and your medical record may not support such a change.

If you have further questions or need to set up a payment plan, call our Billing Department at 847-696-2336.