GI Associates & Endoscopy Center

IF YOU ARE ABOUT TO HAVE A COLONOSCOPY

What GI Associates wants you to know if you are about to have a Colonoscopy.

The Affordable Care Act, passed in March 2010, allows for several preventive services, including colorectal cancer screening, to be covered at no cost to the patient. Colonoscopy is one form of colorectal cancer screening.

Colonoscopy patients fall into 3 different categories and strict coding guidelines are used to determine under which category you may fall. These guidelines may preclude your procedure being covered at 100% by your insurance carrier even though your primary care physician may have referred you for a "screening" colonoscopy. A personal or family history may be the basis for your procedure to be considered either a diagnostic or surveillance colonoscopy as determined by each individual health insurance carrier policy.

COLONOSCOPY CATEGORIES:

- **Diagnostic / Therapeutic Colonoscopy** – Patient has gastrointestinal symptoms, colon polyps, or gastrointestinal disease requiring evaluation or treatment by colonoscopy.
- **Surveillance / High Risk Colonoscopy** – Patient is asymptomatic (no present gastrointestinal symptoms) and has a personal history of Crohn's disease, Ulcerative Colitis, or a personal or direct relative with colon polyps, and/or colon cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (usually every 2 – 5 years) and depending on your insurance carrier, this category may be reimbursed as if you were having a diagnostic colonoscopy.
- **Preventive / Average Risk Colonoscopy Screening** – Patient is asymptomatic (no present gastrointestinal symptoms), is 50 years old or older and has no personal history of gastrointestinal disease, colon polyps, and/or cancer. Patients in this category have not undergone a colonoscopy within the last 10 years.

FREQUENTLY ASKED QUESTIONS:

- **How many charges can I expect to receive?**
  You will always receive at least two charges…one charge from your Doctor and the other for the use of the Facility or EndoCenter. If anesthesia is given during the colonoscopy, you will receive a charge for the Anesthesiologist as well. Additionally, if clinical findings necessitate a biopsy, then you will receive a charge for the Pathology Laboratory's services. Thus, you could receive as many as 4 different bills for your colonoscopy.
- **Can the physician change, add, or delete my diagnosis so that my procedure can be considered a preventive screening?**
  NO. The patient encounter is documented utilizing the information you have provided and the results of your Provider's evaluation and assessment. Once the medical record is documented it becomes a binding legal document and it cannot be changed to facilitate better insurance coverage. *However, if an error in the medical record is noticed (e.g., date of birth, medication dosage, history notation, etc.)* then the patient may request a correction or amendment by contacting the Physician's office.
- **What if my insurance company tells me that GI Associates can change, add, or delete a CPT or diagnosis code?**
  If you are given this information, please document the date of the call, name and phone number of the insurance representative to whom you spoke. Then contact GI Associates billing office at 601-355-1234 and they will facilitate a coding review of your medical record.

Please note that these charges are estimates of the procedure and diagnosis codes which will be submitted to your health plan. FINAL codes cannot be determined until after you have had your procedure.

Patient Signature / Date

Guardian Signature / Date