

Screening VS Diagnostic Colonoscopy:

What's the Difference?

Screening colonoscopies and diagnostic colonoscopies are performed similarly. They use the same equipment, and in most cases the same procedure codes. The difference is how the diagnosis are billed to your insurance. Billing will depend on your symptoms (or lack of symptoms), your personal and/or family history, and what your doctor finds during the procedure.

- A colonoscopy is considered preventive if the patient does not have any gastrointestinal symptoms and no polyps or other irregularities are found. (*Having a personal or family history of colon polyps or colon cancer may or may not be considered preventative depending on your specific insurance plan*)
- The Affordable Care Act (ACA) considers preventative benefits “essential health benefits” and requires insurance companies to pay all associated costs. The ACA does not include the office visit prior to the procedure, non-preventative colonoscopy, pathology, or anesthesia.
- Since a diagnostic colonoscopy isn't considered preventative, your insurance may require you to pay a copay or coinsurance.

Can a screening become diagnostic?

It's true that you may go in for a screening colonoscopy and come out with a diagnostic colonoscopy. If your doctor finds a mass needing a biopsy or finds a polyp, your colonoscopy is considered diagnostic at that point. That's why it's essential to understand your insurance coverage before your procedure.

What if my insurance says it will be covered in full if it is “coded as a screening”?

When insurances tell you this, they are letting you know that if you have no symptoms, personal history, or family history it is covered in full. If symptoms or history is documented in your chart, it has to be listed.

Some reasons why your colonoscopy may not be screening:

If you have biopsies taken, we have to list the reason for these biopsies, and your procedure may no longer be screening.

If you are coming in for a colonoscopy and it has been less than 10 years, we have to list the reason for shortened intervals, and your procedure may not be screening.

Does my age matter?

Your insurance may only allow “screening” colonoscopies within a certain age range. Please check with your insurance for your plan's limitations.

COLONOSCOPY

What you need to know about insurance

Medicare and most private insurance companies fully cover low risk screening colonoscopies, including the deductible and coinsurance. High risk colonoscopies are usually considered diagnostic, and may be subject to deductible and coinsurance. Medicare coverage is slightly different than private insurance plans.

Medicare Coverage:

Medicare covers screening colonoscopy:

- Every 10 years, if you're not high risk
- Every 2 years, if you are high risk:
 - a history of polyps or colon cancer
 - a family history of polyps or colon cancer
 - Medicare will waive your part B deductible, but coinsurance will still apply

Private Insurance Coverage:

Private insurance coverage for colonoscopies varies. Always ask your insurance company about out-of-pocket costs, including copays, coinsurance, deductibles, limits, or exclusions. Some limitations to preventative colonoscopies may include age and personal or family history.

Screening Colonoscopy

A screening colonoscopy is a preventive procedure to examine the colon to ensure it's healthy. All adults 45 and older need screening because colon cancer is one of the most common and deadly cancers. It is also typically treatable when it's caught early. Better yet, colon cancer can be prevented by finding and removing polyps before they can develop into cancer.

According to the American Cancer Society, people with an average risk of developing colon cancer should have a screening colonoscopy every ten years.

A colonoscopy is usually considered screening when you're over the age of 45 and:

- You've had no lower gastrointestinal signs or symptoms before the colonoscopy
- No polyps or masses are found during the colonoscopy
- There's no family history of polyps or colon cancer (depending on insurance)
- You have no history of polyps or colon cancer (depending on insurance)

Diagnostic Colonoscopy

Unlike a screening colonoscopy, you may be required to pay a deductible or coinsurance for a diagnostic colonoscopy. This will depend on your individual insurance plan, and if they consider the diagnosis code used to be part of their preventative benefits. Coding rules require anything listed on the report to be coded; we cannot omit history or symptoms documented in your record. If any of the following is present on your record, insurance may not consider your colonoscopy preventative.

A colonoscopy is usually considered diagnostic when you've had:

- Signs or symptoms in the lower gastrointestinal tract noted in your medical record before a procedure, including:
 - abdominal pain
 - anemia
 - change in bowel habits
 - constipation
 - diarrhea
 - rectal bleeding
 - blood in stool
- Personal history of colon polyps (depending on insurance)
- Family history of colon polyps or colon cancer (depending on insurance)
- A positive stool-based test or CT colonography that requires a follow-up colonoscopy

For Further Questions

If you have any further questions about your benefits, please contact your insurance company. Our office will check for prior authorization. However, our office will not check patient benefits, this is patient's responsibility. Prior authorization is never a guarantee of payment. If you still have questions after contacting your insurance, you can reach our billing department at the number below.

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