

Colonoscopy Information Sheet

What is the difference between a screening and diagnostic colonoscopy?

Diagnostic Colonoscopy: Patient has past or present history of gastrointestinal symptoms or disease, polyps, or cancer. Additionally, if the colonoscopy is performed due to physical symptoms such as rectal bleeding or pain, the procedure will be considered diagnostic.

Screening Colonoscopy: Also known as a preventative screening colonoscopy. The patient, over the age of 50, will be asymptomatic (no symptoms either past or present), without a personal or family history of gastrointestinal disease, colon polyps, or cancer. Usually, the patient has not undergone a colonoscopy within the last 10 years.

High Risk Screening Colonoscopy: Patient is asymptomatic (no gastrointestinal symptoms either past or present), but has personal history of gastrointestinal disease, colon polyps, or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).

Please note that procedures are subject to change based on findings from the procedure. It is important to understand your benefits for both screening and diagnostic colonoscopies prior to the procedure.

I came in for a screening colonoscopy, but they found something. What now?

The benefits will depend on your insurance policy. Certain plans will consider the first service preventative even if the colonoscopy detects cancer, polyps, or lesions. It is important to note that after the first procedure, future procedures will be considered diagnostic. We recommend you contact your insurance company for information specific to your insurance plan.

How do I find out what my insurance company will pay? How much will I owe?

Every insurance company is different, so we recommend you contact your insurance company and verify your benefits for the procedure. Some insurance companies require preoperative CPT and Diagnosis codes. Please contact the billing department at 402.343.1122 if you require this information.

Here is a list of questions to ask your insurance carrier:

1. What are my plan benefits for a screening colonoscopy? Diagnostic colonoscopy?
2. What is my deductible? How much of the deductible have I met?
3. What is my maximum co-insurance responsibility? How much of this have I met?
4. If the physician removes a polyp or finds any other issues, will this change my out of pocket responsibility?
5. Is the facility I am having my procedure at in-network?
6. Are there age and or frequency limits for my colonoscopy?

Remember, it is very important to record the name of the representative you spoke with, the date and time of the call, and a reference number for the discussion.

My insurance company says that if my procedure was coded as a screening, they would cover it. Can the physician change, add, or delete the codes so it is considered screening?

No. Claims are coded according to the medical record from information you have provided, as well as evaluation from the physician. These are legally binding documents that cannot be changed to facilitate better insurance benefits.