



**DEEP CREEK COLON
AND RECTAL SURGERY, PC**

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Billing for a Colonoscopy (Screening, Diagnostic and after a + Cologuard)

A SCREENING Colonoscopy is a procedure performed with NO ABNORMAL SIGNS or SYMPTOMS:

1. A **screening** procedure is a test provided to a patient with **no signs or symptoms** with the timing based on the patient's age, medical history and family history according to recommended medical guidelines.
2. **"Screening"** describes a colonoscopy that is routinely performed on a person with **no signs or symptoms** for the purpose of detecting the presence of colorectal cancer or polyps to diagnose or potentially removing them
3. Medicare and most health insurance companies cover screening procedures **without** applying them to your deductible, co-insurance, or co-pay.
4. **However**, please know that if during the screening procedure, your doctor finds a polyp or tissue that must be removed or biopsied for pathological testing, the pathology specimens are not covered by the preventative screening benefit and **will be** applied to your deductible or co-insurance separately from the procedure.
5. **Also, for Medicare**, if during the course of your screening colonoscopy a polyp or other abnormality is found and removed, it will result in the colonoscopy being converted to diagnostic. In this situation Medicare still waives the deductible but not the co-insurance.

A DIAGNOSTIC Colonoscopy is a procedure performed as a result of ANY ABNORMAL SIGN or SYMPTOM:

1. If you were seen in the office before the procedure for any sign or symptom such as a change in bowel habits, abdominal pain, diarrhea, constipation, rectal bleeding, anemia, abnormal imaging or other symptom that led to the colonoscopy being scheduled, the procedure is a DIAGNOSTIC Colonoscopy .
2. Medicare and most health insurance companies **do not waive** the deductible or co-insurance when the procedure is a diagnostic colonoscopy.
3. **Positive (+) COLOGUARD TEST:** If you are having your colonoscopy as the result of a positive Cologuard test, be aware the colonoscopy is considered a diagnostic procedure. **The Cologuard test was the covered Colorectal Screening Test for a patient. A positive Cologuard is considered an abnormal study so the subsequent colonoscopy is diagnostic and will be applied to your deductible and co-insurance.**
4. Please note that you may ultimately receive three or four bills for your diagnostic procedure: **Physician Services:** for the Physician fee, **Facility Fee:** from the hospital; **Anesthesia:** from the Anesthesiology provider, and **Pathology Lab** (WVU): if biopsies or specimens are taken.

WE RECOMMEND YOU CALL YOUR INSURANCE COMPANY TO CONFIRM ANTICIPATED CHARGES AND STATUS OF DEDUCTIBLE, CO-INSURANCE OR CO-PAYS