

WILL YOUR INSURANCE PAY?

SCREENING vs DIAGNOSTIC

Colonoscopy:

Screening/Preventative means :

- NO symptoms
- NO personal history of polyps or colon cancer
- NO family history of polyps or colon cancer.

If you have screening benefits on your policy, your procedure will be paid according to those benefits, however, it is **your responsibility to call the insurance** to find out if you will owe a copay, deductible, and or coinsurance amount. You will be billed for these.

Diagnostic means you have one or more of the following:

- A diagnosis (abdominal pain, rectal bleeding, bloating, etc.)
- A personal history of polyps or colon cancer
- A family history of polyps or colon cancer

Your claim will be considered under your insurance benefits as "medical necessity". It is **your responsibility to call the insurance** and find out if a deductible, copay, and/or coinsurance applies because you will be billed for these amounts.

The referral your primary physician provides must reflect whether you are having a screening or diagnostic colonoscopy. If the referral states you are having a screening colonoscopy, and then you present symptoms to our physician at the time of your procedure, your procedure changes to diagnostic and is no longer considered screening.

Our office will not change your billing in order to acquire the best benefits payable by the insurance. This is considered Medical Fraud.

EGD:

This procedure is always diagnostic and cannot be billed as screening.