

SCREENING COLONOSCOPY

Billing Questions & Answers

When is a colonoscopy considered a “Screening Colonoscopy”?

Generally, there are two reasons we would consider it a “screening colonoscopy”:

- If it is your first colonoscopy and is performed at age 50 or older
- Your last colonoscopy had no abnormal findings and no biopsy (the removal and examination of tissue) was done and the recommended time interval has been met.

When is a colonoscopy considered a “Diagnostic Colonoscopy” instead of a “Screening Colonoscopy”?

There are three reasons we would consider it a “diagnostic colonoscopy”:

- If you’re under the age of 50 and it’s your first colonoscopy
- If your last colonoscopy had abnormal findings or required a biopsy
 - Once a polyp (growth) is found and biopsied, we are no longer “screening” for something, because we found something; our treatment approach becomes “diagnostic” (we have a diagnosis to follow up on)
- If a doctor, such as a gastrointestinal (GI) physician, recommended a colonoscopy due to a medical condition such as diarrhea, constipation, abdominal pain, blood in stools, excessive gas/bloating, or any other abnormal gastrointestinal condition

Frequently asked questions:

- 1- Does this mean if I come in at age 50 for my initial “screening colonoscopy” and the doctor has to remove something he found and sends it to pathology, that my colonoscopy will no longer be considered “screening”?
No If you are age 50 and this is your first colonoscopy, it will be considered a “screening colonoscopy”, no matter the findings. If your doctor finds something abnormal, you will be scheduled for a follow-up colonoscopy in three to five years (depending on the pathology results). The follow-up colonoscopy will now be considered “diagnostic” because you will now have a “diagnosis” that your doctor will be following up on.
- 2- If something is found/biopsied on the follow up colonoscopy, will I ever be billed for a “screening colonoscopy” again?
Maybe If something is found/biopsied on any colonoscopy, depending on the payer policy, the next colonoscopy may be considered a “diagnostic colonoscopy” because we will be following up on a “diagnosis”. Some payers that follow this rule are listed below:
Select Health, United Health Care, Blue Cross
If/when you have a colonoscopy that comes back normal with nothing to biopsy, your next routine colonoscopy will be considered a “screening colonoscopy” again, as long as the recommended time interval has been met. For more specific guidance please contact your insurance carrier.
- 3- Can’t I just ask the doctor to not take any biopsies if he finds something, so my colonoscopy will be billed as “screening”?
No If something is found, the next colonoscopy will still be a diagnostic colonoscopy whether the biopsy is done or not. Your doctor may not ignore findings and should be given permission to remove anything suspicious in an effort to provide the best medical treatment for you.
- 4- Can the doctor simply not document that a biopsy was done, so my next colonoscopy can still be considered “screening”?
No Your doctor is required to report his or her care and treatment as accurately as possible. The medical standard of care does not permit a doctor to withhold information.
- 5- Can the doctor change his notes on my procedure and re-submit the billing to my insurance?
Maybe Your doctor’s notes are an important part of your medical care. If there is an error in the notes, the notes can be amended. Otherwise, the notes can’t be changed.
- 6- Can you change the coding so my insurance company will cover the procedure?
No The coding must be accurate. Medical codes are an important way for doctors to communicate with staff and track your treatment. Only the correct code can be entered.