

## COLONOSCOPY INSURANCE AND BILLING: WHAT YOU NEED TO KNOW

The *Affordable Care Act* passed in March 2010 allowed for several preventative services, such as colonoscopies, to be covered at no cost to the patient. However, there are many caveats in the strict and changing guidelines in which colonoscopies are defined as a preventative service, which prevents patients from taking advantage of this provision and causes great misunderstanding about the various colonoscopy categories.

These categories will help to determine your insurance benefit coverage and can affect your personal out of pocket expenses. It is important that you educate yourself on your specific category and insurance policy coverage. Our practice has created this document to sort through some of the confusion and misinformation out there.

### COLONOSCOPY CATEGORIES

#### Preventative / Average Risk Screening:

- Beginning at age 45, routine screening\*.
- Has not undergone a colonoscopy within the last 10 years.
- No past or present GI symptoms.
- Patient has no personal history of Gastrointestinal (GI) disease, colon polyps or cancer.

#### Surveillance (Commercial) / High Risk Screening (Medicare):

- Patient has no active GI symptoms (ex. iron deficiency anemia, change in bowel habits, diarrhea, abdominal pain, etc.).
- Has a personal history of GI disease (ex. *Inflammatory Bowel Disease (IBD)*, *Ulcerative colitis*, *Crohn's*), colorectal cancer and/or polyps.
- Has a significant family history of polyps and/or colorectal cancer.
  - o Single 1<sup>st</sup> degree relative with colorectal cancer or advanced adenoma before age 60.
  - o Two 1<sup>st</sup> degree relatives with colorectal cancer or advanced adenoma.
- Patients in this category may be required to undergo colonoscopy screenings at shortened intervals (ex. *Every 2-5 years*) compared to the general population, which is typically every 10 years.
  - o Medicare covers a High Risk Screening every 2 years.

*Please ensure prep instructions are followed because if a screening colonoscopy is discontinued due to poor prep insurance determines whether a repeat procedure will be covered as a preventative screening benefit.*

#### Diagnostic / Therapeutic:

- Patient has past/present GI symptoms and/or a personal history of GI disease.
- Patient had a positive fecal DNA test (*Cologuard*), fecal immunochemical test (*FIT*), fecal occult blood test (*FOBT*), or blood-based tests (*SEPT9*).

***\*American Cancer Society recommends people start regular screenings at age 45; however, not all payers have changed their guidelines.***

## COMMON QUESTIONS

### Can the physician change, add, or delete my diagnosis so that I can be considered a colon screening?

- **No**, the patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage.
- Patients need to understand that strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law.

### What if my insurance company tells me that NMH can change, add or delete a CPT or Diagnosis code?

- This is actually a common occurrence. Often member service representatives will tell a patient that if the physician coded the procedure with a “preventative screening” diagnosis it would be covered at 100%. However, further questioning of the representative will reveal that the “preventative screening” diagnosis can only be amended if it applies to the patient.
- If you are given this information, please document the date, name, and phone number of the insurance representative. Next, contact our billing department who will perform an audit of the billing and investigate the information given. Often the outcome results in the insurance company calling the patient back and explaining that the member services representative should never suggest a physician change their billing to produce better benefit coverage.

### I came in for a Preventative Screening Colonoscopy, but they found a 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 no longer be considered preventative screenings, they may be considered diagnostic, therapeutic or high-risk screenings/surveillance. We recommend you contact your insurance company for information specific to your insurance plan.

## NMH BILLING

It is important that Northwestern Medicine has your current, complete and accurate medical insurance information to reduce delays and potential out-of-pocket costs. Depending upon your insurance coverage, you may be asked for a portion of your copay or coinsurance amount for the services provided at the time of registration.

If you are uninsured or your insurance company does not pay for your treatment in full, you will receive a patient statement in the mail. Often, insurance plans do not cover the entire cost of your care, resulting in a “patient portion.” You are responsible for the portion of the bill that your insurance company does not pay. We will send you a statement after your insurance has paid to notify you of any remaining balance.

You may also receive additional bills related to the services you received from our hospitals such as independent physician bills for services like pathology or anesthesiology services. If you have a **question about your bill, charges or codes used please visit NM MyChart or call (855) 694-2866.**

## HOW WILL I KNOW WHAT I WILL OWE?

To avoid any unforeseen charges, please verify your insurance benefits, coverage and preferred locations(s) / providers for this procedure. Obtain the preoperative CPT and Diagnosis codes from the information located on your procedure instructions and call your insurance company. Please note that procedures are subject to change based on findings from the procedure. It is important to understand your benefits prior to the procedure.

**Diagnosis Code(s) (ICD-10):** \_\_\_\_\_

**Procedure Code (CPT):**

- MEDICARE ONLY Normal Risk Screening (every 10 years): G0121
- MEDICARE ONLY High Risk Surveillance (personal or family history of colon cancer or colon polyps): G0105
- Surveillance Colonoscopy for IBD: 45380
- For all other Colonoscopy Procedures: 45378

QUESTIONS FOR YOUR INSURANCE COMPANY			
1. Are the CPT and diagnosis codes covered under my policy?	<b>YES</b>	<b>No</b>	
2. Is Northwestern Memorial Hospital and the Physician completing my procedure included within my Insurance Network:	<b>YES</b>	<b>No</b>	
3. Will the diagnosis code be processed as a preventative screening, diagnostic/therapeutic or as a high risk screening/surveillance?	<b>YES</b>	<b>No</b>	
4. What are my benefits for that service? <i>(Benefits vary based on how the insurance company recognizes the diagnosis).</i>	<b>Coinsurance:</b> _____	<b>Copay:</b> _____	<b>Deductible:</b> _____
5. If the physician removes a polyp, will this change my out of pocket responsibility?	<b>YES</b>	<b>No</b>	

Representative's Name: \_\_\_\_\_ Call Reference # \_\_\_\_\_ Date \_\_\_\_\_

### PRIOR AUTHORIZATION

Our prior-authorization department will check with your insurance plan to inquire if a prior-authorization is needed and this will be completed if your plan requires.

- Please call your insurance company **3 days prior** to your procedure to verify that authorization has been received.
- If your procedure **has not been approved**, please call our prior-authorization department at **(312) 926-4645**.

Call the **NMH Patient Financial Services department at (312) 926-6906** with any questions or concerns. They are available to help if you are struggling to understand your financial obligations for this procedure. However, it is still necessary for you to first call your insurance company and ask the above questions.

***Disclaimer:** This form does not guarantee coverage. It does not authorize payment for services, including out-of-network services or procedure for which a patient is not covered. This is an estimate of potential out of pocket costs, these prices are subject to change.*