PEAK ONE SURGERY CENTER
Colonoscopy Insurance Benefit Information

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 limitations that prevent patients from taking advantage of this provision. There are now strict and changing guidelines to which colonoscopies are defined as a preventative service (screening). These guidelines may exclude many patients with gastrointestinal histories from taking advantage of the service at no cost. Patients may often be required to pay co-pays and deductibles.

Peak One Surgery Center has created this document to sort through some of the confusion and misinformation about colonoscopies.

Colonoscopy Categories:

Screening Colonoscopy (Preventative)

The patient is asymptomatic (no gastrointestinal symptoms either past or present), is 50 years of age or older, and has no personal or family history of colon polyps and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

Diagnostic/Therapeutic Colonoscopy

The patient has past and/or present gastrointestinal symptoms (e.g. rectal bleeding, abdominal pain, etc.), polyps, or gastrointestinal disease (e.g. Crohn's, Colitis, etc.). ***Please note that if polyps are found, removed (polypectomy), and/or biopsied during a Screening Colonoscopy, most insurance carriers re-categorize the Screening Colonoscopy to a Diagnostic/Therapeutic Colonoscopy.*** *(Your screening benefit may no longer apply.)*

Surveillance/High Risk Colonoscopy

The patient is asymptomatic (no gastrointestinal symptoms either past or present) and has a family history or personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).

Your primary care physician (PCP) may refer you for a "screening" colonoscopy; however, based upon the above definitions, you may not qualify for the "screening" category. The information we received during your scheduling and pre-procedure process indicates which of the above categories applies to your colonoscopy. Our benefits coordinator has contacted your insurance carrier to determine your benefits based on this information. Your covered benefits and personal financial responsibility (co-pay and/or deductible) are provided on the attached form.

"Can the physician change, add, or delete my diagnosis so that my procedure can be considered a colon screening?"
No. Your visit to Peak One Surgery Center is documented as a medical record containing the information you have provided as well as the evaluation and assessment from your physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage. Strict government and insurance company documentation and coding guidelines prevent a physician from changing a chart or bill for the purpose of insurance coverage determination. This is considered insurance fraud.

"What if my insurance company tells me that Peak One Surgery Center can change, add, or delete a CPT or diagnosis code?"This is actually a common occurrence with insurance companies. Member services representatives often tell a patient that if the physician had coded the procedure with a "screening" diagnosis, it would have been covered 100%. However, further questioning of the representative will reveal that the "screening" diagnosis can only be amended if it truly applies to you, the patient. Remember, most insurance carriers consider only a patient 50 year of age or older with no personal or family history of colon polyps and/or colon cancer, as well as no past or present gastrointestinal symptoms, as a "screening."