



Screening vs. Diagnostic Colonoscopy: Understanding How Colonoscopies are Billed

It is common to be confused about how a colonoscopy procedure is billed to insurance and can impact out-of-pocket expenses. Understanding the three different ways colonoscopies are billed can help prevent misunderstandings and unexpected costs.

1. Preventive Colonoscopy Screening

- Patient is asymptomatic (no present gastrointestinal symptoms), age 45 or older and has no personal or family history of GI disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. This should fall under your screening benefits and should be covered at 100%, however we recommend checking on your own specific policy guidelines.
- **Please note:** a primary care physician may refer for a screening colonoscopy but there may be a misunderstanding of the word screening.

2. Diagnostic/Therapeutic Colonoscopy

- Patient has past and/or present gastrointestinal symptoms, polyps, GI disease, iron deficiency anemias, and/or any other abnormal tests. This includes a colonoscopy after a positive Cologuard test.
- Not usually covered under your preventive benefits and will apply to your deductible and/or coinsurance out of pocket.

3. Surveillance/High-Risk Screening Colonoscopy

- Patient has no current gastrointestinal symptoms BUT has a personal history of GI disease, personal and/or family history of colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g., every 3-5 years). Technically, this is a screening test, however, with different diagnostic codes and frequency guidelines. Because of this, these diagnostic codes are usually not covered under your screening benefits.
- Not usually covered under your preventive benefits and will apply to your deductible and/or coinsurance out of pocket)

If you have questions, please contact our business office at 414-908-6615 prior to the procedure if you are unsure of what category your procedure falls under. Please contact your insurance company for your own specific policy coverage.

Q&A

Q: Can my GI Associates doctor change my records so that my bill is considered screening instead of diagnostic?

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No. Your procedure is billed directly from what is documented in your operative report and since your medical record is a legal document, we cannot change this just so your insurance policy covers more. Doing this would be considered insurance fraud.

Q: What is the difference between a “screening” colonoscopy and a “diagnostic” colonoscopy?

A: A “screening” colonoscopy is a colonoscopy that is done for the prevention of colorectal cancer and is considered a preventive health service. A screening colonoscopy will have no out-of-pocket costs for patients (such as co-pays or deductibles). Once every 10 years for a patient who has no signs or symptoms. A “diagnostic” colonoscopy is a colonoscopy that is done to investigate abnormal symptoms, tests, prior conditions and/or family history. A diagnostic colonoscopy may include out-of-pocket costs for patients (such as co-pays or deductibles), depending on your insurance plan.

Q: What if I had a personal history of colon polyps in the past but not having any symptoms now?

A: Due to your personal history of polyps that puts you in a high-risk category in which you will have to come back for future colonoscopies in a shorter time frame to be monitored. Although you may not be experiencing any signs or symptoms, this will still be considered diagnostic and will be applied to your deductible and coinsurance.

Q: What if I had a personal history of Crohn’s disease or ulcerative colitis? Would that be a screening?

A: No your colonoscopy would be considered diagnostic due to you being monitored for your disease/condition and would apply to your deductible and coinsurance.

Q: What if I had abnormal stool test such as Cologuard, FOBT, or FIT, would that be a screening?

A: No your colonoscopy would then be considered diagnostic and would apply to your deductible and coinsurance.

Q: What if a polyp is encountered during a preventive screening colonoscopy, are future colonoscopies considered under the preventive care services benefit?

A: No. If a polyp is removed during a preventive screening colonoscopy, future colonoscopies would normally be considered diagnostic because the time intervals between future colonoscopies would be shortened