

COLONOSCOPIES – INSURANCE COVERAGE & FAQ

The Affordable Care Act (ACA) waives the patient cost-sharing for screening colonoscopies. Because of the unique nature of colonoscopies, not all recommended “screenings” may be covered or paid at 100% by your insurance.

Based on your specific insurance plan and their coverage rules, you may be required to pay co-pays, co-insurance and/or deductibles for your colonoscopy, even when you are returning for a follow-up colonoscopy, have no current symptoms, or were referred by your primary care doctor for a “screening” colonoscopy.

Under the ACA - **Screening Colonoscopies** are to be covered at no cost to patients who:

- Are 50 years old or older
- Have no current gastrointestinal (GI) symptoms
- Have no personal history of colon polyps and/or cancer
- Have had no other colon screening, including a colonoscopy in the past 10 years

If you have current GI symptoms or a personal history of GI disease (*such as colon polyps*) your colonoscopy will most likely be considered a diagnostic service and cost-sharing, including co-insurance and deductibles may apply. Some insurance plans have expanded or more generous benefits and may allow for more frequent screenings for those at high-risk for developing colon cancer.

We ALWAYS recommend you contact your insurance plan and verify your benefits and coverage for your colonoscopy.

- Some plans may pay all services in connection with a screening colonoscopy under your preventative benefits, and others may only pay the colonoscopy or other select services in connection with the colonoscopy under your preventative benefits – that’s why it’s always a good idea to ask!

Frequently Asked Questions:

Q: My insurance said as long as you code the service as a screening, it will be covered 100% under my preventative benefits. Is this correct?

A: *The procedure must meet the definition of a screening/preventative service in order to be coded as such. There are strict coding rules we must follow and in some cases, the codes required may not be considered preventative under your plan. We are prohibited from using codes that don’t apply to your service just so it can be covered as a screening.*

Q: What could I be billed for?

A: *You may receive separate charges, if applicable, from the physician, facility, anesthesia and pathology/laboratory.*

Q: What should I ask my insurance company?

A: *You should ask if your procedure will be paid under your preventative/screening benefits based on the diagnosis and how often they will cover screening or high-risk screening colonoscopies.*

(See additional code information sheet for specific details when talking to your insurance company.)

COLONOSCOPIES – Common Code Information Sheet

This sheet provides information that may be used when going over your Colonoscopy benefits with your insurance plan. It does not include every possible scenario, but may be helpful when providing information to your insurance plan.

It may be easier to ask your insurance about “Screening Colonoscopy” benefits in general, however, they may provide you with a general answer that doesn’t address your specific situation. If they ask for specific details or codes, the most commonly used are listed below.

Common Procedure Codes

Colonoscopy	G0121 or 45378 – Screening only G0105 or 45378 – High-risk Screening only 45380, 45381, 45385 – Screening with biopsy or polyp removal <i>(one code or multiple)</i>
Anesthesia	00811 – Anesthesia for Colonoscopy w/biopsy or polyp removal 00812 – Anesthesia for Screening Colonoscopy only
Biopsy	88305 – Pathology for colon polyp or biopsy, if applicable <i>(could be multiple)</i>
Pre-colonoscopy provider visit	Due to the number of possible codes – it’s best to ask if they cover an “ <i>Evaluation & Management</i> ” visit prior to the colonoscopy as part of the screening service.

Common Diagnosis Codes

Z12.11	Screening Colonoscopy – First one or at 10-year interval <i>(no symptoms or history of GI disease)</i>
The following codes are often used for high-risk screening or surveillance colonoscopies.	
Z86.010	Personal History of Polyps
Z80.0	Family History of Colon Cancer
Z83.71	Family History of Polyps

Questions to Ask:

1. Will my procedure/diagnosis code be processed as a screening/preventive benefit?
2. Are there any age or frequency limitations for my colonoscopy? *(e.g., only every 10-yr, every 5-yr, only at age 50, before age 50 if high-risk, etc.)*
3. If the provider removes a polyp or takes biopsies, will this change my benefits?