

## **Colonoscopy: What You Need to Know**

You are scheduled for a colonoscopy with Huron Gastroenterology. Colonoscopy is the most effective colon cancer screening method recommended by the American Cancer Society and other professional organizations.

The terminology used to describe the indication for your colonoscopy can be confusing.

“Screening Colonoscopy”, “Surveillance Colonoscopy,” and “Diagnostic/Therapeutic Colonoscopy” are terms that are used to describe different indications for your colonoscopy.

Even though your physician may order your colonoscopy as a “Screening Colonoscopy,” your insurance company may consider it a “Surveillance Colonoscopy” and process the charge as such. This may result in you having to pay some out-of-pocket expenses that you did not anticipate. For this reason, we encourage you to contact your insurance company before your procedure. To assist you during your call with your insurance company, we have included some information below regarding “screening,” “surveillance,” and “diagnostic/therapeutic” colonoscopies.

### **SCREENING COLONOSCOPY**

Definition: A screening colonoscopy is performed once every 10 years for asymptomatic patients over the age of 50, with no history of colon cancer, colon polyp, and/or gastrointestinal disease. The billing codes are:

G0121 (CPT) Routine Screening Colonoscopy  
Z12.11 (Diagnosis Code) Screening of the Colon

### **SURVEILLANCE COLONOSCOPY**

Definition: The patient is asymptomatic (no gastrointestinal symptoms either past or present) and has a personal history of gastrointestinal disease, colon polyps, and/or colon cancer. Patients in this category typically are required to undergo colonoscopy every 2 – 5 years. Depending on your insurance carrier, surveillance colonoscopy could be processed under your screening or diagnostic benefit and may have some cost-share. The billing codes are:

G0105 (CPT) High Risk  
Z86.010 (Diagnosis Code) Personal History of Colon Polyps  
Z80.0 (Diagnosis Code) Family History of Colon Cancer

### **DIAGNOSTIC/THERAPEUTIC COLONOSCOPY**

Definition: The patient has past or present gastrointestinal symptom(s), polyps, or gastrointestinal disease. The typical billing codes are:

CPT's: 45378, 45380, 45385, G0105

In the event an abnormality is seen during your colonoscopy, a portion of the tissue may be sampled (biopsy) or the abnormality (like a polyp) may be removed entirely. Depending on your insurance coverage, this may be processed under your screening benefit or diagnostic benefit and may have some cost-share.

You may receive bills from separate entities associated with your procedure such as the facility, anesthesiology, pathology, and/or laboratory. If your procedure is scheduled at Center for Digestive Care, we can only provide you with information that is based on our fees (professional, anesthesia, and facility), not ancillary fees such as pathology and laboratory.