

What You Need To Know About Your Colonoscopy Procedure Visit

Thank you for scheduling your appointment with Huron Gastro **at Chelsea Professional Building.**

To allow time to register, please arrive 60 minutes **before** your scheduled appointment time. If you are 15 minutes or more late for your **scheduled arrival time** you may be canceled and asked to reschedule.

You will need to have a responsible driver who is at least 18 years of age with you throughout your entire visit, and to drive you home when you are done. **If you do not have a driver, your procedure will either be rescheduled or possibly performed without sedation.**

- **For all appointments at Chelsea Professional Building**
14650 Old US 12 East, Suite 202 Chelsea, MI 48118
- **Drivers will need to remain on the premises in the waiting room or in their car** during the appointment (please have cell phone turned on and ringer volume turned up so we can reach you).
- **Masks are optional** while in the building.

Remember to bring the following items with you:

- Driver's license or photo identification card
- All insurance cards

If you are a member of an HMO, please verify that your insurance referral has been sent before your appointment date.

Appointment Cancellation:

If you need to cancel or reschedule your appointment, please call our office at 734-434-6262. A \$75.00 fee will be applied to your account if you cancel your procedure within 72 hours of your appointment time.

Audio/Video Recording:

To protect the personal health information and privacy of our patients, staff, and guests, the use of cellphones or electronic devices for audio/video recording is prohibited.

Questions:

If you have any questions, please call our office at (734) 434-6262 and ask for our scheduling department. You may also contact us through our Patient Portal that can be found on our website: www.hurongastro.com

Understanding Insurance Coverage for Colonoscopy

We would like to help you better understand the terms your physician or your insurance company may use for a colonoscopy procedure and how it associates with payment methods.

“Screening” and “surveillance” are two terms that often cause confusion and can have different reimbursement outcomes. Even though your physician may order a “screening” colonoscopy, your insurance company may consider it a “surveillance” colonoscopy. If your insurance company processes the charge as a surveillance procedure, you may have some out-of-pocket expenses you did not anticipate. For this reason, **we encourage all patients to contact their insurance company prior to their procedure.** In order to help you better understand some of the possible cost sharing that may occur and to assist you during your call with the insurance company, we have included some information below regarding “screening”, “surveillance”, and diagnostic/therapeutic colonoscopies.

Payers have Three Colonoscopy Categories:

SCREENING COLONOSCOPY

G0121 (CPT) Routine Screening Colonoscopy

Z12.11 (Diagnosis Code) Screening of the Colon

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

SURVEILLANCE COLONOSCOPY

G0105 (CPT) High Risk Colonoscopy

Z86.010 Personal History of Polyps

Z80.0 Family History of Colon Cancer

Definition: The patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of gastrointestinal disease, colon polyps, and/or cancer.

Patients in this category typically are required to undergo colonoscopy every 2 – 5 years.

Depending upon on your insurance carrier, surveillance colonoscopy could be processed under your screening benefits or diagnostic benefit and may have some cost share.

DIAGNOSTIC / THERAPEUTIC COLONOSCOPY

45378, 45380, 45385, G0105 (typically)

Definition: The patient has past/or present gastrointestinal symptom(s), polyps, or gastrointestinal disease. Diagnostic procedures typically will have a cost share depending on your deductible obligation per your insurance plan.

In the event an abnormality is seen or suspected during the procedure, a portion of tissue (biopsy) may be removed or small growths (polyps), if seen, may be removed. **Depending on your insurance coverage, this could be processed under your screening benefits or diagnostic benefit and may have 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 information based on our fees (professional, anesthesia, and facility), not ancillary fees such as pathology.

**PLEASE CONTACT YOUR INSURANCE COMPANY PRIOR TO YOUR PROCEDURE
FOR COVERAGE UNDERSTANDING.**