



INSURANCE TRANSPARENCY FORM

The information below will help you review your upcoming procedure with your insurance carrier to discuss how the insurance company will process your claim.

The Affordable Care Act passed in March 2010 established guidelines now used by the majority of insurance companies to define and process colonoscopies.

Preventive/ Screening/Routine Colonoscopy:

Procedure code (CPT) 45378* / 45380*

Diagnosis Code (ICD-10) Z12.11 - Encounter for screening for malignant neoplasm of colon

Patient is age 50 or over, has no gastrointestinal symptoms such as bleeding or constipation, has no personal or family history (parent, sibling or child) of gastrointestinal disease, colon polyps, and/or colon cancer. The patient did not have a previous colonoscopy within the last 10 years.

*****Colonoscopy insurance claims are filed based on findings during the procedure*****

Surveillance/High Risk Screening Colonoscopy:

Procedure code (CPT) 45378* / 45380*

Patient has no gastrointestinal symptoms such as bleeding or constipation and has one or more of the following:

Diagnosis Code (ICD-10)

- | | |
|--|-------------------------|
| • Personal history of adenomatous polyps | Z86.010 |
| • Personal history of colon or rectal cancer | Z85.038, Z85.048 |
| • Personal history of inflammatory bowel disease/
and/or Crohn's/Ulcerative colitis | Z87.19 |
| • Family history (parent, sibling or child) colon or rectal cancer | Z80.0 |
| • Family history (parent, sibling or child) adenomatous polyps | Z83.71 |
| • Family history (parent, sibling or child) adenomatous
polyposis of colon | Z83.71 |

Due to increased risk factors patients with these or related conditions/histories undergo colonoscopy surveillance at shortened intervals (every 2-5 years).

Diagnostic/Therapeutic Colonoscopy:

Procedure code (CPT) 45378* / 45380 *

Patient has past and/or present gastrointestinal symptoms such as rectal bleeding, rectal pain, abdominal pain, cramping, weight loss/gain, anemia, and change in bowel habits, polyps, inflammatory bowel disease.

Diagnosis Code (ICD-10)

- | | |
|---------------------------|---------------|
| • Abdominal pain: | R10.84 |
| • Change in bowel habits: | R19.4 |
| • Diarrhea: | R19.7 |
| • Constipation: | K59.00 |
| • Rectal bleeding: | K62.5 |
| • Blood in stool: | K92.1 |
| • Other _____ | |

***Note procedure & diagnosis codes listed above are the most common; many times there are other related codes that may be used based upon findings during your procedure.**

*45378 – Diagnostic Colonoscopy

*45380 – Colonoscopy with Biopsy(s) take



Upper Endoscopy

Procedure Code (CPT) 43235* / 43239*

Upper Endoscopies are **ALWAYS** considered to be a diagnostic procedure and will fall under your **MEDICAL BENEFITS**.

*43235 – Upper Endoscopy without biopsies

*43239 – Upper Endoscopy with biopsies

****Who will bill me? You may receive bills for separate entities associated with your procedure, such as the physician, facility, and/or laboratory. We can only provide you with the information associated with our fees (which includes: Physician, anesthesia and pathology, if processed in house. Pathology is based off your insurance to ensure you receive the best benefit) ****

Listed below is other contact information in relation to the laboratory your specimen(s), if any, may be sent to.

If you are having your procedure at Robert Wood Johnson University Hospital of Somerset, we have included their contact information for your reference as well.

RWJ University Hospital of Somerset

110 Rehill Avenue
Somerville, NJ 08876
(P):908-685-2200

Informed Diagnostics

(Formally known as Miraca
Life Sciences)
(P):866-588-3280

Dianon

(LabCorp's pathology
division)
(P) 800-845-6167

Digestive Healthcare Center

511 Courtyard Drive
Hillsborough, NJ 08844 (P)
908-218-9222, Ext: 240

FACTS TO KNOW ABOUT MEDICAL DOCUMENTATION, CODING AND INSURANCE

Government and insurance documentation and coding guidelines govern how medical information is captured in your medical record. Medical providers are prohibited by law from altering a patient's medical chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law. Your medical record cannot be changed to facilitate better insurance coverage.

Most insurance carriers will only process a colonoscopy under the preventive benefit for patients **AGE 50** or older with **NO** personal GI history, **NO** family GI history and **NO** current or past GI symptoms.

Your insurance client service representatives may tell you: *"If the provider codes the record with a "screening" or rebills with a "screening" diagnosis it would be covered at 100%."*

Insurance representatives do not know your medical and family history and are not trained medical records coders. **Be sure to keep notes with the name of the representative you spoke with, date, time and reference number. Always ask for reference #** as this will help with any follow-up questions that may arise.

BE INFORMED: CALL YOUR INSURANCE COMPANY TO REVIEW YOUR BENEFITS **Know what you will owe under your policy!**

You will need to provide your preoperative Procedure code (CPT) and Diagnosis codes (ICD). You may contact our billing department with any questions about this information at 908-218-1616.

Please keep in mind that verification of insurance benefits is **NOT** a guarantee of payment. **Ultimately it is the terms of your insurance policy that will determine your coverage. Be sure you understand your plan benefits.**

****Insurance benefits and healthcare cost estimates are available to you upon request. Please call Digestive Healthcare Center Billing Department at (908) 218-1616 if you prefer for Digestive Healthcare Center to obtain this information on your behalf****



QUESTIONS TO ASK FOR COLONOSCOPY

1. With these diagnosis codes how will my procedure be covered under my policy?
 - **preventative (routine or wellness screening)**
 - **diagnostic (medically necessary)**

2. If there are biopsies taken during my Screening Colonoscopy, will this turn my Screening Colonoscopy into a medical procedure?

3. If processed under my medical benefit what will my deductible and coinsurance responsibility be?

Deductible: _____ Amount of Deductible Met: _____

Family Deductible Met if Applicable: _____ Coinsurance/Co-pay: _____

4. Is the Facility where I am scheduled for my procedure in Network? (Benefits change if out of network)

5. For preventative/screening/routine colonoscopy, are there age and/or frequency limits for my colonoscopy? (One every ten years over the age of 50, one every two years for a personal history of polyps, bleeding, constipation, etc.)?

QUESTIONS TO ASK FOR UPPER ENDOSCOPY

1. Since this procedure will fall under my medical benefit, what will my deductible and coinsurance responsibility be?

Deductible: _____ Amount of Deductible Met: _____

Family Deductible Met if Applicable: _____ Coinsurance/Co-pay: _____

2. Is the Facility where I am scheduled for my procedure in Network? (Benefits change if out of network)

Name of Representative: _____ Reference#: _____ Date: _____

****If you have questions regarding your financial obligations, please call our Billing Department at 908-218-1616. We would be happy to assist you to understand your financial obligations prior to receiving services****