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## **Colonoscopy Billing Information**

All charges associated with a colonoscopy are ultimately your responsibility. To help you understand these charges we are providing the "Procedure Estimator" to help you ask the right questions of your insurance carrier.

| Are the physician and facility both in my insurance network?                       |    |
|--|----|
| IF YOU ARE AGE 45-49 W/O CURRENT SYMPTOMS:   |    |
| Does my plan recognize the new screening recommendations from the American         |    |
| Cancer Society changing screening age to 45?                                       |    |
| What is my deductible amount? How much have I met?                                 | \$ |
| What are my estimated out of pocket costs for a colonoscopy? (CPT code 45378)      | \$ |
| ICD 10 diagnosis: ☐ Z12.11 ☐ Z86.010 ☐ Z80.0 ☐ Z83.71 ☐ Z85.038                    |    |
| What if the physician finds and removes a polyp? (CPT codes 45380, 45384 or 45385) | \$ |
| Estimated Facility Charges- Please call the number below for an estimate           | \$ |
| ☐ Providence Cost Line: 855-367-1339   |    |
| ☐ Surgery Center at Tanasbourne: 503-216-9500                                      |    |
| ☐ East Portland Surgery Center: 503-772-6160                                       |    |
| Estimated Pathology Charges- Check with facility at above number (CPT codes 88305) | \$ |
| Estimated Sedation Charges- Please call the number below (CPT code 00811 or 00812) | \$ |
| ☐ Oregon Anesthesia Group: 1-855-514-4374  |    |
| ☐ Anesthesia Associates Northwest: 503-372-2782                                    |    |
| Estimated Total?   | \$ |
|  |    |

## **Colonoscopy Categories:**

**Diagnostic/ Therapeutic:** Patient is currently having symptoms, polyps or other diseases. This type of colonoscopy is NOT considered preventative and is NOT included in the provision of the Affordable Care Act.

**Surveillance/ High Risk Screening:** Patient is currently symptom free, but does have a personal or family history of disease, colon polyps and/or cancer. Patients in this category are required to undergo a colonoscopy at shortened intervals (3 mos to 5 years). Medicare covers colonoscopies for high-risk patients every 2 years. Not all insurance companies cover these as screening (covered at 100%).

Preventative/Screening: Patient is symptom free, age 50 or older, has no personal or family history of GI disease, colon polyps and/or cancer. The patient has not had a colonoscopy within the last 10 years. This service IS covered under the ACA. NOTE: If you are age 45-49, the American Cancer Society recently changed their recommendation for screening to age 45. Please contact your insurance company to find out if they have adopted this recommendation and thus will cover this colonoscopy as preventative at 100%.

<sup>\*</sup>With this colonoscopy, you may have charges associated with surgeon, anesthesia, prep kit, pathology, and facility fees. Please be advised that if your doctor finds any polyps, these *WILL* be removed for pathology testing. Charges may apply and will be billed through the hospital or surgery center.

<sup>\*</sup>Our doctors make every effort to code correctly for your procedure with the correct modifiers and diagnoses. The correct coding of a procedure is driven by the physician and your medical history; it is not dictated by your insurance benefits or the insurance company. Your medical chart is a binding legal document that cannot be changed to facilitate better insurance coverage. The coding is based on the medical documentation and changing it for the sole purpose of better coverage is considered insurance fraud and is punishable by law.