

COLONOSCOPY PROCEDURES are performed for many reasons. Insurance claims are billed and processed based on the purpose of the colonoscopy and the findings or results of the procedure. Please note that the terms described below are only a guide and may differ per the medical policies of your insurance carrier. We encourage you to contact your insurance carrier with any questions about their policies and of course, you are always welcome to contact us.

- **Screening/Preventative Colonoscopy** – A screening or preventative colonoscopy is scheduled for patients who have no current clinically significant gastrointestinal symptoms. If your insurance plan offers screening/preventative benefits, and your claim meets the criteria established by your insurance carrier, this procedure will be covered at 100% and you will have no financial responsibility. *Please note that medical policies related to screening colonoscopy procedures and coverage vary significantly among carriers.
- **Surveillance Colonoscopy** – A surveillance colonoscopy is scheduled to monitor a condition that was identified previously. Your physician may request a surveillance colonoscopy to confirm that the previously identified condition hasn't returned or worsened. *Please note that claims related to scheduled surveillance colonoscopy procedures may be reclassified by your insurance carrier, potentially changing your financial responsibility.
- **Diagnostic Colonoscopy** - A diagnostic colonoscopy is performed as a result of the symptoms (for example, abdominal pain, bloody stool, chronic diarrhea, a change in bowel habits, weight loss, or blood-loss anemia) you have presented to your physician. Many insurance carriers will also consider your personal/familial gastrointestinal history when processing a diagnostic colonoscopy claim. *Please note that claims related to scheduled diagnostic colonoscopy procedures may be reclassified by your insurance carrier, potentially changing your financial responsibility.
- **Therapeutic Colonoscopy** - A colonoscopy is typically classified as Therapeutic when an additional procedure is performed during the course of one of the types of colonoscopies listed above. For example, you were scheduled for a surveillance colonoscopy but during the procedure, findings required your physician to perform an additional procedure, like a tissue biopsy.

The examples listed above are generic examples and are NOT based on your individual insurance plan.
Please call your insurance company to verify your benefits.



100% COVERED VS. COVERED AT 100%. WHAT IS THE DIFFERENCE?



- 100% Covered means that the procedure is covered by your carrier, without exceptions or exclusions, and will be processed in accordance with the specifications of your plan. It may be reclassified as described above and will likely include financial responsibility regardless. Surveillance and diagnostic colonoscopy procedures are typically 100% covered, and will include financial responsibility per your plan specifications (for example, applicable co-insurances, co-payments and outstanding deductible fees).
- Covered at 100% means that the procedure is covered by your carrier and does not include any financial responsibility, unless reclassified to another type of procedure. Screening/Preventative colonoscopy procedures are typically covered at 100%.

www.wiltonsurgerycenter.com

Questions?

Call us and ask to speak with a Scheduling Coordinator.

(203) 563-9470

YOUR INSURANCE CARRIER WILL DETERMINE HOW YOUR BENEFITS WILL BE APPLIED TOWARDS YOUR COLONOSCOPY PROCEDURE.

Your claim will be submitted to a certified coder to ensure that the appropriate codes are used, and then submitted to your insurance company. Coverage and patient responsibility will be determined by your insurance carrier, not the Wilton Surgery Center. The individual circumstances of your case, your benefit plan and the medical policies of your carrier will ultimately determine how your coverage is applied, regardless of how your procedure is scheduled.

We will make every effort to educate you about your coverage and potential responsibilities.

Thank you for the opportunity to be your outpatient health service provider.

PATIENT ACKNOWLEDGMENT:

I have read and understand the information provided to me regarding colonoscopy coverage, benefits and financial responsibility. I am aware that that my insurance carrier will determine how my benefits are applied to my procedure and that changes may potentially change my financial responsibility.

www.wiltonsurgerycenter.com

Questions?

Call us and ask to speak with a Scheduling Coordinator.

(203) 563-9470