

Paying for your Colonoscopy

We encourage you to reach out to your insurance company to determine your responsibility for payment. For all categories listed below, you should be prepared to pay an amount toward the deductible and out-of-pocket maximum for your specific policy. Your insurance company may not consider your colonoscopy a “screening colonoscopy”.

Here are codes to provide to your insurance company when checking on coverage:

CPT codes: 45378, 45380, 45385

Anesthesia (sedation) CPT codes: 00811, 00812

Pathology CPT codes: 88305, 88312

Screening colonoscopy – Z12.11

Ordered if:

- Asymptomatic (no gastrointestinal (GI) symptoms)
- Age 45 and over
- No personal history of Inflammatory Bowel Disease, colon polyps and/or cancer

Colonoscopies performed as preventive screening **MAY BE** covered under the Affordable Care Act with no out-of-pocket costs to the patient. However, if polyps are removed, the procedure may be changed to diagnostic.

Surveillance colonoscopy – personal history of polyps – Z86.010; family history of polyps – Z80.0; Call your provider to obtain a code if you have Inflammatory Bowel Disease.

Ordered if:

- Asymptomatic (no gastrointestinal (GI) symptoms)
- Personal history of Inflammatory Bowel Disease, colon polyps and/or cancer

Colonoscopies performed to monitor ongoing conditions may not be considered preventive and **MAY BE** applied toward your insurance deductible and co-insurance.

Diagnostic colonoscopy – call your provider to obtain your diagnosis code.

Ordered if:

- Currently has gastrointestinal (GI) symptoms
- Colonoscopies performed to diagnose the cause of symptoms are not considered preventive and **WILL BE** applied toward your insurance deductible and co-insurance.

St. Charles will bill for professional and facility fees.

Anesthesia and Pathology will be billed separately, by independent organizations.

We cannot change, add or delete a diagnosis code. Your medical record is a binding, legal document that cannot be changed, per governmental, insurance and compliance guidelines. Changing, adding or deleting a diagnosis code is considered insurance fraud and is punishable by law.