



Colonoscopy/EGD Notification Statement Potential Patient Responsibility Notification

Preventative Treatment is “HOPE”.

Colonoscopy

· **Preventive Colonoscopy/Screening: 100% Coverage**

Patient is **asymptomatic** (has **NO** GI symptoms either past or present) The screening colonoscopy is typically covered for patients age of 50-75, that also has **NO** Personal or family history of GI disease, colon polyps, and /or cancer. *The patient has not undergone a colonoscopy within the last 10 years.

(If no findings during the screening procedure; the patient is eligible for the screening again in 10 years).

· **Surveillance/High Risk Screening Colonoscopy: Deductible Waived/ Coinsurance Applies**

Patient is **NOT** asymptomatic, patient presents has having a personal history of GI disease, personal and/or (1st degree family history of colon polyps, and/or cancer).

(Are required to undergo colonoscopy surveillance at shortened intervals).

· **Diagnostic/Therapeutic Colonoscopy: Deductible & Coinsurance Applies**

Patient has past and/or present gastrointestinal symptoms, polyps, GI disease or anemias.

Know what you may owe?

Call your insurance carrier and verify the benefits and coverage by asking the following questions.

(You will need to give the insurance representative your pre-operative CPT codes).

Codes for your procedure are listed on the “CDD PATIENT PROCEDURE AGREEMENT “

1. **Is the procedure covered under my policy?**

Will the diagnosis code be processed as preventative, surveillance, or diagnostic and what are my benefits for that service?

2. **Are there age and/or frequency limits for my colonoscopy or EGD?**

If the physician removes a polyp, will this change your out-of-pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical necessity benefit which equals more out of pocket expenses. Insurance medical policies may vary depending on the plan types).



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3. Can the physician change, add, or delete my diagnosis so that I can be considered a colon screening?

NO! The patient encounter is documented in the medical record during patient's visit based on the information you have provided. The medical record documentation is a binding legal document that cannot be changed to facilitate better insurance coverage.

Who will bill me?

You will receive a bill from separate entities associated with your procedure, such as physician, facility, anesthesia, pathologist, and/or laboratory.

We can only provide you with information associated with our fees.

AVAILABLE ASC's: River Oaks Endoscopy/ St. Luke's /Methodist

- **FACILITY WILL CALL YOU WITH THEIR QUOTE AND COLLECT THEIR PORTION ON THE DAY OF YOUR SCHEDULED PROCEDURE.**

ANESTHESIA (Inquire with ASC regarding anesthesia services)

- **ANESTHESIA CLAIM WILL BE FILED TO YOUR INSURANCE CARRIER FIRST. ONCE FINALIZED YOU WILL RECEIVE A STATEMENT WITH ANY FINANCIAL RESPONSIBILITY. FURTHER QUESTIONS REGARDING ANESTHESIA PLEASE CONTACT THE SPECIFIC COMPANY WHO WILL PROVIDE THIS SERVICE.**

AVAILABLE ANESTHESIA GROUPS:

River Oaks Endoscopy } Houston Northwest Anesthesia 832-698-5330 (7am –4pm)

St. Luke's } Greater Houston Anesthesia 713-620-4040

Methodist } US Anesthesia Partners
888-325-6084 (A-M)
877-200-9871 (N-Z)