

## LINDEN SURGICAL CENTER OF BEVERLY HILLS

### Screening & Diagnostic Colonoscopy Coverage Information

The purpose of this notice is to inform you of common benefit issues related to colonoscopy procedures. Under the Affordable Care Act (ACA), preventive colorectal cancer screenings (including screening colonoscopy) will have the co-pay or deductible waived, as it qualifies as a preventive service

**PLEASE NOTE: It is your responsibility to know the benefits of your insurance policy.** Contact your insurer with specific questions.

#### Colonoscopy covered as a preventive service:

The definition of a preventive colonoscopy per the United States Preventative Services Task Force: "A screening colonoscopy is performed once every 10 years for asymptomatic patients aged 50-75 with no history of colon cancer, polyps, and/or gastrointestinal disease."

Your colonoscopy procedure may qualify as a preventive service if you are:

- Absent of any lower GI symptoms (as described below)
- Do not have a history of colon cancer or polyps, and
- Are in the age ranges recommended by your insurer

#### What does NOT qualify as a preventive screening:

Every policy and plan is different and subject to its own rules for coverage. Here are some guidelines for what generally does not qualify for full coverage as a preventive service:

- If you are under the age of 50
- If you have had a colonoscopy in the last 10 years and polyps were observed - this means your present procedure is considered a diagnostic "surveillance of the colon"
- Any lower GI symptoms experienced prior to the procedure (such as change in bowel habits, diarrhea, constipation, rectal bleeding, anemia, etc.) and noted by your physician

#### "My physician removed a polyp or took a biopsy during my screening – why do I have a bill?":

Due to an oversight in the law, if your physician finds a polyp or tissue that must be removed for testing during your preventive screening procedure, these are not covered as a preventive screening benefit. Medicare beneficiaries can still have their deductible waived, but co-insurance will apply.

#### "My insurer is telling me you coded the bill incorrectly, and that's why I owe a balance":

We make every effort to code correctly for your procedure, and can always review your claim; however, the correct coding of a procedure is driven by the doctor's dictation and your medical history. Your insurance company dictates your benefits, not how we report your services. We cannot modify medical records in order to change a benefit.

#### What can you do:

We know that this area of the law can be frustrating for patients, but until the law is changed, we must comply with it. We encourage you to call your insurance company or even your local senator or congress person and advocate for a change in the policy. Be your own advocate!

Please contact MedBridge with any additional questions about facility billing for screening and diagnostic colonoscopies: (888) 282-7472

For more information on Preventive Service benefits, contact your insurer or visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>