

**Is my colonoscopy a screening or diagnostic?**

It is important to understand the difference between a screening and a diagnostic colonoscopy. Most importantly to contact your insurance carrier and verify your screening benefits and criteria, as this will affect your out-of-pocket expenses such as deductible, co-insurance, and copay. Most insurance plans will cover a screening colonoscopy at 100% and diagnostic procedures are applied to your deductible.

**Screening Colonoscopy Factors:**

* No symptoms before the procedure

**Diagnostic Colonoscopy Factors:**

* Symptoms before the procedure such as:
	+ a change in bowel habits
	+ rectal bleeding
	+ abdominal pain
	+ constipation
	+ diarrhea
* Symptomatic chronic conditions such Irritable Bowel Disease or Diverticulitis.
* If you have a personal history of cancer or polyps your insurance carrier may consider this a surveillance, which can change your benefits.
* If you have a family history of cancer or polyps, some insurance carriers consider this high risk, and it can have an impact your benefits and / criteria.
* If you have had a positive Cologuard test; please take extra time to verify if your insurance carrier what your screening benefits will cover after a positive FIT test.
* If there are findings during your procedure (polyps, diverticulosis, etc.) some insurance carriers will assess an out-of- pocket expense for a portion of the procedure.

**Important Note: Disclaimer** – US Digestive Health follow appropriate coding guidelines and procedures; including modifiers.

The points noted above are to be used for informational purposes only as insurance and benefit criteria vary by individual plan.

If you have any questions or concerns, please contact your insurance carrier to verify your benefits and “out-of-pocket” costs for screening vs. diagnostic colonoscopies.

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