

Call your insurance company and ask the following questions. You will need to give the insurance representative your preoperative CPT code, ICD-10 code and name of facility.

1. What are my full benefits for a screening colonoscopy?

What will be my responsibility/deductible? _____

Are there any limits regarding my age? _____

How often is a screening colonoscopy covered? _____

2. What are my full benefits for a diagnostic colonoscopy?

What will be my responsibility/deductible? _____

3. Is the facility in network? _____

Representative's Name: _____

Call Reference number: _____ Date: _____

Call Cascade Surgeons' billing department at 360-435-6097 with any questions or concerns. They are a great source of information and are happy to help if you are struggling to understand your financial obligations. However, it is still necessary for you to first call your insurance company and ask the above questions.

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

No. The patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage. Strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law.

However, if a patient notices an error in the medical record (e.g. date of birth, medication dosage, history notation, etc.) he/she may request a correction/amendment to the document.

What if my insurance company tells me that Cascade Surgeons can change, add, or delete a CPT or diagnosis code?

This is actually a common occurrence. Often member service representatives will tell a patient that if only the physician coded it with a "screening" diagnosis it would have been covered at 100%. However, further questioning of the representative will reveal that the "screening" diagnosis can only be amended if it applies to the patient. Remember, many insurance carriers only consider a patient over the age of 50 with no personal or family history as well as no past or present gastrointestinal symptoms as a "screening" (Z12.11).

If you are given this information, please document the date, name and phone number of the insurance representative. Next, contact our billing department who will perform an audit of the billing and investigate the information given. Often the outcome results in the insurance company calling the patient back and explaining that the member services representative should never suggest a physician change their billing to produce better insurance coverage.