

Dear Patient,

In an effort to make sure you receive the highest level of coverage, please read and follow the instructions below:

Prior to Your Scheduled Procedure - *(This does not apply to Medicare patients)*

- 1. When scheduling a colonoscopy as a routine screening procedure, contact your insurance to inquire if you have routine screening coverage. If you do not have routine screening coverage, notify our office prior to your procedure.**

Some insurance companies require the codes we will be billing for this procedure:

CPT CODE: 45378 - Colonoscopy, G0121 Screening Colonoscopy
ICD-9: V76.51 - Screening for colon cancer

- 2. If you had a colonoscopy in the past for a medical concern, such as, personal history of colonic polyps (*V12.72*) personal history of colonic cancer (*V10.05*), family history of colon cancer (*V16.0*) or family history of polyps (*V18.51*), your current procedure may not be considered a routine screening/preventive procedure. (*The diagnosis codes are listed in italics*) Contact your insurance to verify your coverage.**
- 3. Call your insurance to verify that our facility is in network with your plan. Our facility name is "Consultants in Gastroenterology, Inc". Please inquire about your deductible, coinsurance or copays for the physician's charges and the facility charges.**

If our facility is not in network and you have a procedure scheduled in our facility, notify our office at (440) 461-2550 prior to your scheduled appointment.

- 4. You are required to bring your facility copay at the time of the procedure**

After Your Procedure – *(Applies to all patients)*

- If you are scheduled for a routine procedure and during the course of the procedure the physician finds a polyp or takes a biopsy, it is no longer considered a routine screening procedure. Please understand when a specimen is taken, your insurance company will be billed with the appropriate CPT code. The procedure codes most commonly billed for these procedures are CPT CODE: 45380, 45384 or 45385.
- If a specimen is taken you will receive a separate statement for these services.

Due to the large number of insurance companies and policies, we are unable to take responsibility for knowing your insurance benefits. You must contact your insurance company to question your plan and coverage. Our office will obtain a precertification if it is required, but this is not a guarantee of payment.

If you have questions regarding this information, please contact our Billing Department at 440-461-2793.

Patient Signature_____

Print Name_____ Date_____

Consultants in Gastroenterology, Inc. is a physician owned and operated facility