

WHAT YOU NEED TO KNOW BEFORE YOUR COLONOSCOPY

SCREENING OR DIAGNOSTIC?

Most insurance plans cover screening colonoscopies with no out-of-pocket costs to you. However, if polyps are found, removed or biopsied during a screening colonoscopy, your insurance will process the claim as a diagnostic colonoscopy and your screening benefit no longer applies.

A colonoscopy is generally considered screening when:

- There's no family history of cancer or polyps
- You are not experiencing symptoms before the procedure
- You don't have a personal history of cancer or polyps
- No polyps, diverticulosis, etc., is found during the procedure

A colonoscopy is generally considered diagnostic when:

- You have a personal history of cancer or polyps
- You have a family history of cancer or polyps (some insurances consider this high risk)
- You are experiencing symptoms before the procedure such as change in bowel habits, rectal bleeding, abdominal pain, etc.
- The screening procedure finds polyps, cancer, diverticulosis, etc.

COSTS RELATED TO A DIAGNOSTIC COLONOSCOPY

Depending on your insurance, diagnostic colonoscopies generally have some out-of-pocket costs for you, such as deductibles, co-insurance and/or co-pays. You will be responsible for part of the fees for the gastroenterologist, anesthesiologist and the pathologist. You will also be responsible for a portion of the fees for the procedure room, the recovery room, drugs and IVs. Ultimately your out-of-pocket costs for a diagnostic colonoscopy will be determined by your insurance plan.

QUESTIONS?

If you have any questions or concerns, please contact your insurance company prior to your procedure to verify your benefits and the different "out-of-pocket" costs for screening and diagnostic colonoscopies. For more information, call the OSF HealthCare Financial Clearance Center at (309) 683-6751 Monday – Friday, 7 a.m. – 5:30 p.m.

