Washington Health Medical Group

Understanding Your Colonoscopy: Screening vs Diagnostic

What patients need to know about coverage and billing

Why did my doctor order a colonoscopy?

A colonoscopy is used to prevent, detect, or evaluate colon conditions, including colorectal cancer. There are two types, and the difference affects how your insurance is billed.

What is a Screening Colonoscopy?

A screening colonoscopy is done when you do not have symptoms. Examples:

- Routine colon cancer screening (typically starting at age 45)
- Follow-up screening based on age or risk factors (like family history)

Patient Cost: Most insurance plans cover screening colonoscopies at no cost to you

What is a Diagnostic Colonoscopy?

A diagnostic colonoscopy is done when there is a medical concern or symptom. Examples:

- Abdominal pain
- Bleeding or anemia
- Positive stool test (FIT/FOBT)
- Prior abnormal findings

Patient Cost: You may be responsible for deductible, copay, or coinsurance

Why might my screening become diagnostic?

Sometimes, during a screening colonoscopy, the doctor may find and remove a polyp or take a biopsy. When this happens:

- The procedure is still important for prevention
- However, it may be billed as a diagnostic procedure

This can result in a cost to you depending on your insurance plan

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Frequently Asked Questions (FAQs)	
Why did I receive a bill for a "screening" test?	If a polyp was removed or a biopsy was taken, your insurance may process the procedure as **diagnostic**, which can include patient cost-sharing.
I have no symptoms, why isn't it fully covered?	Coverage depends on: • What was done during the procedure • Your specific insurance plan rules Even screening procedures can change classification based on findings.
Does Medicare cover colonoscopies?	• Screening colonoscopies are typically covered • If a polyp is removed, **coinsurance may apply**
What should I ask before my procedure?	We recommend asking: • Is this being scheduled as **screening or diagnostic**? • What will my **estimated cost** be? • Does my insurance require **authorization**?
Can I avoid charges if something is found?	No, if medically necessary treatment is performed (like removing a polyp), billing rules change. This ensures you receive appropriate care.

How to Prepare Financially

Before your procedure:

- Contact your **insurance plan** to confirm coverage
- Request an **estimate** from our Patient Access team
- Verify if **authorization** is required

We're Here to Help

If you have questions about your procedure, coverage, or bill:

Contact: Patient Financial Services
[Insert Phone Number]
[Insert Email / Website]