



WHAT TO EXPECT

Paying for your colonoscopy

A colonoscopy is a medical procedure that allows your physician to examine the lower portion of your digestive tract, specifically the colon and rectum. The procedure involves the use of a colonoscope—a long, flexible instrument equipped with a light and camera—to inspect the lining of the colon. This examination enables the physician to identify and remove precancerous growths (polyps) and to detect early signs of colorectal cancer.

When a colonoscopy is conducted as a preventive screening for colorectal cancer, it is typically covered by insurance under the preventive services provision of the Affordable Care Act (ACA). However, this coverage does not extend to “grandfathered” health insurance plans—those established prior to the implementation of the ACA. Depending on your specific insurance policy, you may still incur certain costs associated with a screening or diagnostic colonoscopy.

Prior to your colonoscopy, it is advisable to contact your insurance provider to clarify any potential out-of-pocket expenses. Inquire whether these costs may vary depending on findings during the procedure, such as the removal of a polyp.

SCREENING COLONOSCOPY

The U.S. Preventive Services Task Force advises beginning colorectal cancer screening at age 45. Screening colonoscopies help detect and remove precancerous growths (polyps) and early-stage colorectal cancers.

When performed as preventive screening, colonoscopies are covered by most insurance carriers under the Affordable Care Act's preventive services mandate.

DIAGNOSTIC COLONOSCOPY

- A diagnostic colonoscopy is a procedure that enables your physician to closely examine the interior of your lower digestive tract. It is typically recommended to investigate unusual symptoms or abnormal test results, or due to a personal or family history of certain medical conditions.
- Please note that diagnostic colonoscopies may involve out-of-pocket expenses.

COSTS OF COLONOSCOPY

There may be some costs associated with a colonoscopy and anesthesia, especially when a colonoscopy is considered diagnostic. Please check with your insurance carrier to learn more about any costs that may be associated with your colonoscopy.

You may be billed for the following services related to your colonoscopy procedure:

- Professional service fee for the digestive diseases doctor who performed your colonoscopy.
- Facility fee for the location where your colonoscopy was performed.
- Fee for services rendered by an anesthesiologist for sedation.
- Pathology lab fee if you have a biopsy or if your doctor removed a polyp.

COST OF SEDATION

Colonoscopy procedure is performed under sedation. Sedation is achieved using intravenous medications.

There are two types of sedation utilized during a colonoscopy procedure.

Moderate sedation

When a colonoscopy procedure is performed for colorectal cancer screening as a preventative examination insurances will cover the cost of sedation in accordance with the Affordable Care act preventative service mandate. However, you may have a copay for diagnostic colonoscopy procedure.

Moderate sedation

If your insurance plan denies or does not cover monitored anesthesia care, you may be responsible for a flat fee of \$200. Even if your insurance does cover monitored anesthesia care for a diagnostic colonoscopy, you could still be required to pay co-insurance and deductibles, which may exceed \$200 depending on the specifics of your policy.

Billing qustions?

For billing inquiries or if you wish to appeal charges related to your colonoscopy, please contact your health insurance provider or reach out to the Austin Gastroenterology and Liver Clinic billing office at 737-356-8875.