

Colonoscopy



A colonoscopy is a test that screens for possible signs of disease (for example, polyps, tumors, or ulcers) for which you may show no symptoms. Colonoscopies can find diseases at an early stage, when there might be a better chance of treatment for the disease.

Once you turn 50, your primary care provider may recommend that you get a colonoscopy. Even though this is a simple and common procedure, you will need to do a little research to make sure that you get all your care from in-network providers.

Who is involved?

A **gastroenterologist** is a doctor who does colonoscopies. Your primary care provider will refer you to a gastroenterologist or to a gastroenterology center that will schedule your procedure with a gastroenterologist who practices at that center. Once you have that referral, contact both your health plan and the gastroenterology center to confirm that both the gastroenterologist and the facility where the procedure will be performed are in network.

Most people are given medicine to help them sleep before their colonoscopy. An **anesthesiologist or nurse anesthetist** may give you this medicine. If your procedure will involve an anesthesiologist or nurse anesthetist, ask if they will bill you separately for their services. If so, get the name of the anesthesiologist or nurse anesthetist (and the name of their practice group) so you can ask if they are also in network. Check with both your health plan and the practice group to make sure the anesthesiologist or nurse anesthetist is in network.

If the gastroenterologist finds and removes any polyps or other tissue samples during your colonoscopy, they may be sent to a **pathologist or pathology lab** for examination. Ask who provides the pathology services and if the pathologist or pathology lab will bill you separately for those services. If so, get the name of the pathologist or the pathology lab and confirm their network status as well.

When should I ask about network status?

Here are two checkpoints you can use to make sure you have checked network status for the providers involved in your colonoscopy:

- *When your primary care provider refers you to a gastroenterologist.* Try to ask questions about network status as soon as you know who will be doing the procedure and where the procedure will take place.
- *When you receive instructions for your procedure.* Several weeks before the procedure, you will usually receive instructions on how to prepare for your colonoscopy. If you haven't checked the network status of your providers by the time you receive these instructions, do so now. You will want all your questions answered before you begin to prepare for the procedure.

Is there anything else I need to know?

A routine colonoscopy is often called a **screening colonoscopy**. It is preventative care, so it is usually covered by your health plan with little or no charge to you. If you have a family history of colon disease or symptoms that indicate the need for a colonoscopy, you will likely have a **diagnostic colonoscopy**. You may have to pay regular deductibles, copayments, or coinsurance amounts for a diagnostic colonoscopy.

What if polyps are discovered and removed during a screening colonoscopy? The discovery and removal of a polyp is included in the screening colonoscopy. If you are billed for a diagnostic colonoscopy, ask if the procedure should have been billed as a screening colonoscopy. Then contact your health plan to find out whether the colonoscopy will be treated as a screening colonoscopy.

Any follow-up care needed after the colonoscopy will be treated as medical care. It will be subject to any cost-sharing responsibilities you have under your health plan, such as deductibles, copayments, or coinsurance.