

AppGastro Guideline to Assist Patients to Know What You will Owe for Endoscopy Procedures

Who will bill me and what is the estimated out of pocket expense?

- **Watauga Medical Center** – Patient Account Inquiries 828-262-4111, UNC Health Appalachian Billing Statement Inquiries 1-984-974-2222 or MyChart Billing
 - Physician Professional Fee
 - Pathology Service - Processing specimens to produce slides for the pathologist to read Watauga Medical Center (WMC) or AppGastro facility fee
- **Pathologist Diagnostic Services, P.L.L.C.** – Toll Free 1-844-210-9947
 - Pathology Service - Diagnostic interpretation of the slides processed at WMC

Colonoscopy CPT (Procedure Code) – 45380

- **Preventive Screening Colonoscopy*** – Patient is asymptomatic (no gastrointestinal symptoms either past or present), age 50 or older, has no personal or family history of GI disease, colon polyps and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. Generally paid at 100% by most insurance companies.
- **Surveillance Colonoscopy*** – Patient has past and/or present gastrointestinal symptoms, polyps, GI disease or anemia OR patient is asymptomatic (no present GI symptoms), but has a personal history of GI disease, personal and/or family history of colon polyps and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g, every 2-5 years). Generally applied to a deductible and/or coinsurance by most insurance companies.
- **Diagnostic Colonoscopy** – Patient has past and/or present gastrointestinal symptoms (diarrhea, constipation, abdominal pain, etc.), polyps, GI disease or anemia. Generally applied to a deductible and/or coinsurance by most insurance companies.

** If a polyp(s) is removed during a screening or surveillance colonoscopy, the insurance company may consider the procedure and/or pathology charges to be diagnostic.*

Upper Endoscopy - EGD CPT (Procedure Code) – 43239

All EGD procedures are processed as diagnostic.

Flexible Sigmoidoscopy - Flex Sig CPT (Procedure Code) – 45330

All Flex Sig procedures are processed as diagnostic.

How will I know what I will owe? Insured Patients

Call your insurance carrier and verify the benefits and coverage by asking the following questions. The code to give the insurance representative for a colonoscopy is **45380**, for an EGD **43239** and for a Flex Sig **45330**. **This code may change when the claim is submitted to the insurance company depending on the complexity of the procedure.** You will also need to give the insurance representative your colonoscopy procedure type as indicated above (Preventive, Surveillance or Diagnostic). All Upper Endoscopy and Flexible Sigmoidoscopy procedures are diagnostic.

- Is the procedure covered under my policy (Colonoscopy, EGD, Flex Sig)? Yes No
- Will the colonoscopy be processed as Preventive, Surveillance or Diagnostic and what are my benefits for that service? (Results may vary based on how the insurance company recognizes the reason for your procedure).
Deductible: _____ Coinsurance: _____ Copay: _____
- Is the facility in network? Yes No
- Is the physician in network? Yes No
- Do I have Preventive/Wellness/Routine Colonoscopy Benefits? Yes No
- Are there age and/or frequency limits for my colonoscopy? (e.g., one every 10 years over the age of 45, one every two years for a personal history of polyps beginning at age 40, etc.) Yes No
If so: _____
Deductible: _____ Coinsurance: _____ Copay: _____
- If the physician removes a polyp, will this change my out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical necessity benefit which equals more out of pocket expenses. Carriers vary on this policy.) Yes No
- Representative's Name _____ Call Reference _____ Date _____

How will I know what I will owe? Uninsured Patients

- You will be required to pay a pre-payment of \$550 at the time of your procedure. Your final billing statement will include a 40% discount.
- The Average Fees vary depending on length of procedure, number of biopsies and complexity of the procedure.
- You will receive a separate billing statement from Pathologist Diagnostic Services, PLLC and Watauga Medical Center for all pathology charges.
- To obtain estimated pathology charges from Pathologist Diagnostic Services, PLLC, call toll free 844-210-9947. Let them know you are a patient of UNC Health Appalachian. They will honor our Self-Pay Discounts.
- To obtain estimated pathology charges from Watauga Medical Center, call 828-262-4111.
- For information concerning the Watauga Medical Center Financial Assistance Program, call 828-262-4110 or send an email to arhsbilling@unchealth.unc.edu.
- If you are in need of setting up a payment plan, ask our Check Out Receptionist for information about AccessOne.
- If you have applied for Medicaid, you will be scheduled at Watauga Medical Center. Please contact us as soon as the Medicaid is approved. We will need your Medicaid ID Number in order to process your claims.

Frequently Asked Questions

- Can the physician change, add, or delete my diagnosis so that my procedure can be considered a preventive/wellness/routine screening? **NO!** *The patient encounter is documented as a medical record from information you have provided. It is a binding legal document that cannot be changed to facilitate better insurance coverage.*
- What if my insurance company tells me that the physician can change, add or delete a CPT or diagnosis code? *Often the representative will tell the patient that if the "doctor codes this as a screening; it will be covered differently". A member services representative should never suggest a physician alter a medical record for billing purposes.*