

COLONOSCOPY-RELATED INSURANCE INFORMATION

We urge you to contact your insurer before your colonoscopy to learn your cost-share for Dr. Plumeri's services as well as for the surgery center and anesthesia provider. Due to the rapidly changing healthcare market only your insurance company can quote your out-of-pocket expense. They may ask for this information:

Provider: Dr. Peter Plumeri
National Provider ID ("NPI") #1447258777

Facility: Advanced Surgical Institute (bills as an Ambulatory Surgical Center) NPI #1013136456

OR Jefferson (was Kennedy) Surgery Center (bills as Hospital Outpatient Dept) NPI #1386746592

Procedure code: 45378 for planned colonoscopy (Traditional Medicare may use G0105 or G0121 for screening.)

Diagnosis: This varies based on what you discussed with Dr. Plumeri. Your benefits for screening services may be different from benefits for medical/diagnostic services. The codes used for billing are decided after review of your medical record. Please see additional information about this below.

Note that screening colonoscopy services may be paid by your insurance differently if another service such as upper endoscopy (procedure code 43235) is performed at the same time. If you are scheduled for both procedures, be sure to tell your insurance representative and ask how it might change your out-of-pocket liability.

Q: What happens during my office visit with Dr. Plumeri?

A: You will discuss the reason your doctor referred you, or the reason you self-referred (for example, routine screening, symptoms of pain, rectal bleeding, unexplained weight loss, change in bowel habits, etc.) and a colonoscopy or other test may be scheduled to assess your health.

Q: What is the difference between a SCREENING colonoscopy and a DIAGNOSTIC colonoscopy?

A: A **screening colonoscopy** is for patients who have no symptoms, personal history or prior medical findings during a previous colonoscopy. Insurance rules dictate how often this may be paid by your plan.
A **diagnostic colonoscopy** is for patients who have a history of prior colon-related problems, or are experiencing symptoms that indicate there may be a problem which needs to be addressed or ruled out.

Q: What is a routine colonoscopy screening?

A: A colonoscopy screening is a routine procedure done beginning at age 50 (or earlier under certain circumstances) to assure good colon health by ruling out problems or conditions. It is important that you understand the reason your physician is ordering a colonoscopy.

Q: What happens when a routine screening colonoscopy reveals a problem requiring further testing?

A: A *screening* colonoscopy will become *diagnostic* if, during the procedure, Dr. Plumeri finds a problem such as polyps, diverticulitis, etc. This finding will be coded and billed appropriately but paid differently by your insurance, possibly requiring a copay or deductible which is the responsibility of the patient.

Q: If a patient has a history of colonoscopy problems or symptoms (such as polyps, constipation, rectal bleeding) what type of colonoscopy would a physician order?

A: If you have a personal history of findings, or a current symptom, your physician may order a diagnostic colonoscopy.