

100 PERCENT COVERAGE FOR SCREENING COLONOSCOPY

In keeping with our focus on wellness and prevention, BlueChoice HealthPlan covers **preventive** screening colonoscopy at 100 percent with no member liability. In order for us to pay 100 percent, a claim for colonoscopy must have a V7 or V2 primary diagnosis code, or must have a G0105 or G0121 procedure code as the primary diagnosis.

Please note that the 100 percent coverage applies only to the colonoscopy procedure. We will cover any related services, such as anesthesiology beyond the routine sedation anesthesia you provide during the procedure or any follow-up pathology services, according to the member's plan of coverage.

Even when a routine screening results in detection of suspicious tissue or removal of a polyp, assign the screening diagnosis code as the primary diagnosis, because the intent of the procedure was preventive. Then list the diagnosis code related to any additional findings or procedures you performed during the colonoscopy as secondary diagnoses.

If you schedule a colonoscopy as a **diagnostic** procedure in response to symptoms indicating disease or as surveillance for prior documented disease, you should document the procedure as such. For a diagnostic colonoscopy, however, applicable copayment, coinsurance and deductibles will apply depending on the member's plan of coverage.

As you discuss colonoscopy with your patients who are members of BlueChoice HealthPlan, please keep these coverage distinctions in mind so they can make well-informed health care decisions and anticipate their financial obligations.

If you have questions or need more information, please contact your Health Network Services representative at 800-327-3183.