Laird + Laird
Surgical Associates, PLLC

Screening vs Diagnostic Colonoscopy

Colonoscopies are classified as preventive or diagnostic. Although the difference can sometimes be confusing, insurance companies often cover these procedures differently, which may affect your out-of-pocket costs. Knowing the difference between the two types of colonoscopies is an important step before scheduling your colonoscopy.

The information below is intended as general guidance only. Coverage policies vary by insurance plan. Please contact your insurance carrier directly to confirm your specific benefits and out-of-pocket responsibility.

A **preventive or screening colonoscopy** is performed on a patient who is:

- asymptomatic (no gastrointestinal symptoms)
- is 45 years of age or older
- and has no personal or family history of colon polyps and/or colon cancer

A **diagnostic colonoscopy** is performed on a patient with gastrointestinal symptoms (such as rectal bleeding, abdominal pain, or diarrhea), a recent positive Cologuard test, or has a personal history of polyps or active gastrointestinal disease (such as colitis).

If polyps are found, removed or biopsied during a screening colonoscopy, insurance carriers sometimes re-categorize the screening colonoscopy as a diagnostic colonoscopy (and your screening benefit may no longer apply).

In our experience, polyps are very commonly found during colonoscopy, which requires removal or biopsy.

I understand that my final financial responsibility will be determined by my insurance carrier based on my specific benefits, the services performed, and claim adjudication.

I am aware that Laird and Laird Surgical Associates collects a good faith estimate of my cost share, based on a diagnostic colonoscopy. I will receive a refund for any balance that remains after the insurance reviews the claim and makes a final determination.

Name (please print): _____

Signature: _____

Relationship with patient: ☐ Self ☐ Other: _____