

Peter Koretsky, MD PA
Gastroenterology

Patient Billing Explanation

Dear Patient:

You have, or may be thinking about having, a procedure, or procedures, performed by Dr. Peter Koretsky. This information is a brief explanation of the billing process for procedures. If any biopsies are obtained during the procedure, the specimen(s) will be sent to a pathology service, and the results will be discussed at your follow-up appointment.

Each procedure will commonly generate the following different charges:

- ❖ *Professional Fee* – This is the fee for Dr. Koretsky’s services to perform your procedure.
- ❖ *Facility Fee* – This is the fee from the facility where your procedure is performed.
- ❖ *Anesthesia Fee* – This is the fee for the sedation services provided by an Anesthesiologist.
- ❖ *Pathology Fee* – This is the fee for the interpretation of any biopsy by one or more Pathologists.

Billing Codes & Fees

Depending on the procedure(s) you are scheduled to have, the following commonly used CPT codes may be used to help you find out estimated costs for your procedure(s). You can speak with your insurance provider(s) or use the online Medicare Fee schedule (<http://www.cms.gov/apps/physician-fee-schedule/>). Please note that final costs *cannot* be determined until your procedure is completed, and the estimate you receive may not be all inclusive, and that more than one CPT code, or one not listed below, may be used.

- ❖ Colonoscopy – G0121*, G0105*, 45378, 45385, 45380, 45381, 45330 (* Screening code, with no findings)
- ❖ Endoscopy – 43235, 43239, 43450, 43236

Billing & Insurance Fraud

We are legally obligated when we bill Medicare and/or other insurance carriers to follow their billing policies based on the medical information available to us. Not following Medicare rules may be considered fraud and may expose us to significant penalties.

If you have any questions about your procedure fees, please contact the facility where your procedure is scheduled, or for Dr. Koretsky’s professional fees, please contact our billing department at 321-242-5794.

Please Note

- ❖ *Any Anesthesiologist or Pathology services used for your procedure is determined by the facility where your procedure is performed; it is not determined by Dr. Koretsky, or his office.*
- ❖ *Any fees paid up front at the facility, are not for Dr. Koretsky’s professional services.*

Facility Contacts

Surgery Center of Melbourne
1401 S. Apollo Blvd.
Melbourne, FL 32901
321-725-5151

Melbourne GI Center
1051 Hickory St. Ste K
Melbourne, FL 32901
321-434-1919

Wuesthoff Medical Center
250 North Wickham Road
Melbourne, FL 32935
321-752-1200

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Screening Colonoscopy Information

What is a Screening Colonoscopy?

A Screening Colonoscopy is a procedure performed in order to find out if the patient has colon polyps or cancer. It is *not* a colonoscopy that is performed to try to explain the patient's symptoms (i.e. blood in stools, changes in bowel movements, abdominal pain, anemia, constipation, etc.).

Medicare Covers Screening Colonoscopies

Effective January 1, 2011 per the Affordable Care Act, Medicare will cover Screening Colonoscopies by waiving the annual deductible or co-insurance. Medicare may cover patients with some family or personal history of GI illness as a Screening procedure. Please contact Medicare if you have any questions of your coverage.

If a Medicare patient is scheduled for a screening colonoscopy and during the procedure a polyp is found or the physician needs to take a biopsy, this procedure is no longer considered screening. Medicare requires that this procedure be billed as a diagnostic colonoscopy. In this situation, the patient will usually become responsible for the Medicare co-insurance of 20%, but the deductible is usually still waived.

Commercial Insurances Cover Screening Colonoscopies

Most commercial insurances cover Screening Colonoscopies by waiving deductibles, co-pays and/or co-insurances, but certain payers do not cover Screening procedures at all. Your specific insurance coverage will determine whether you have to pay for your deductible. If you have any questions regarding your coverage, please contact your insurance provider(s).

If a patient with commercial insurance schedules a Screening and the procedure becomes diagnostic due to a clinical finding, such as a colon polyp, or a finding is sent for pathology, the procedure will no longer be considered Screening. Additionally, most commercial carriers do not consider family history and/or a personal history of GI illness as a Screening diagnosis. The coverage of your colonoscopy depends on your particular plan's benefits design. Without a policy benefit for Colorectal Screenings, your health plan carrier will not have to waive your deductible and/or co-pay.

Screening vs Surveillance Colonoscopies

A Screening colonoscopy is performed once every 10 years for asymptomatic patients aged 50-75 with no personal or family history of colon cancer, polyps, and/or some gastrointestinal diseases.

A Surveillance colonoscopy can be performed at varying ages and intervals based on the patient's personal or family history of colon cancer, polyps, and/or some gastrointestinal diseases. Patients that meet the previous criteria are considered as having a higher risk of colorectal cancer, and therefore fall under Surveillance colonoscopies, rather than Screening, as more extensive or frequent tests are recommended.

Questions

If you have any questions about your coverage, please contact your insurance provider(s). The contact number for your insurance provider is usually located on the back of your insurance card.