

Understanding fees, insurance coverage and out of pocket expenses for your procedure

Fees

You may receive up to four statements for different fees associated with your procedure.

1. “Professional fee” from Marin Gastroenterology (business office 415-925-6910).
This is the charge from the physician who performed your procedure.
2. “Facility fee” from the Endoscopy Center of Marin (ECM) (business office 415-464-0606) or from Marin General Hospital (MGH) (business office 415-925-7500).
This charge is for the use the endoscopy facility and includes the use of endoscopy equipment, medications and nursing staff.
3. “Laboratory fee” from Marin Medical Lab* (business office 877-239-6536).
This fee applies *only* when biopsies are taken or polyps removed.
4. “Anesthesia fee” from Anesthesia Consultants of Marin* (business office 415-460-9924).
This fee applies *only* when an anesthesiologist is required for the procedure.

Insurance coverage

Endoscopy procedures are generally “covered” by insurance when recommended to investigate *symptoms*. Insurance coverage for colon cancer *screening* is less predictable although Medicare, HMO plans administered by Marin IPA, and most California PPO plans provide coverage.

If you are scheduled for a colonoscopy for colon cancer screening, Marin Gastroenterology recommends that you call your insurance company and ask the following question, “Is colonoscopy for colon cancer screening (CPT code 45378, ICD-9 code V76.51) a covered benefit?” Make a note of the representative’s name and the date and time that you called for your records.

If you are told that a procedure is not covered, call your physician to discuss your options including self-payment and alternative procedures.

Please remember, it is your responsibility to ensure that insurance “covers” a procedure done for screening. Marin Gastroenterology is not responsible if the insurance claim is denied.

Out of pocket expense

A patient’s share of the cost of a procedure, the “out of pocket expense”, is defined by the patient’s insurance policy. Out of pocket expenses include deductibles and co-payments for ambulatory surgery. Deductibles can be annual deductibles or deductibles per procedure. Co-payments for ambulatory surgery are usually higher than for office visits. Almost all plans, including HMOs and PPOs have deductibles and co-payments for ambulatory surgery. Call your insurance to determine your deductible, how much of that deductible remains and the co-payment for ambulatory surgery.

For any endoscopic procedure, the patient’s insurance company determines the deductible and co-payment amounts. The patient is financially responsible these amounts.

Out of pocket expense and insurance plan network participation

The Endoscopy Center of Marin (ECM) participates in Medicare and most health plan networks. If the ECM is not part of a health plan’s network, out of pocket expenses are usually the same or less than at MGH, even if MGH participates in that plan’s network. If the ECM anticipates that your out of pocket expenses will be lower at MGH, Marin Gastroenterology will schedule your procedure at MGH.

Marin Gastroenterology, Marin Medical Labs, and Anesthesia Consultants of Marin participate in most health plan networks. However, it is your responsibility to check if they are members of your health plan’s network.