



Atlanta Colon and Rectal Surgery

www.atlantacol.com

Sander R. Binderow, MD
Jeffrey S. Cohen, MD
Jason A. Petrofski, MD
Gie Na Yu, MD

Date: _____

Please select the doctor you typically see for colonoscopies:

- Dr. Sander Binderow Dr. Gie Na Yu

Please fill out the attached forms and return to our office at one of the following:

Fax: 404-252-9473

Address: 5667 Peachtree Dunwoody Road
Suite 330
Atlanta, GA 30342
ATTN: (The name of your Scheduler SEE BELOW)

St. Joseph's Medical Building II
5667 Peachtree Dunwoody Road, NE
Suite 330
Atlanta, GA 30342
Phone: (404) 252-5669
Fax: (404) 252-9473

Alpharetta Medical Office
1380 Upper Hembree Road
Roswell, GA 30076
Phone: (678) 341-3764
Fax: (678) 341-3769

Wellstar Kennestone Medical Center
780 Canton Road, NE
Suite 315
Marietta, Georgia 30060
Phone: (770) 794-7203
Fax: (770) 794-7204

Northside-Forsyth Medical Building
1505 Northside Boulevard
Suite 1900
Cumming, GA 30041
Phone: (678) 341-3764
Fax: (678) 341-3769

Northside-Cherokee Medical Building
15 Reinhardt College Parkway
Suite 105
Canton, GA 30114
Phone: (770) 794-7203
Fax: (770) 794-7204

- ***** YOU MUST INCLUDE A CLEAR FRONT AND BACK COPY OF YOUR INSURANCE CARD(S).*******
- **These Stars *** Signify areas that need to be signed, checked, or initialed.**
- **All Pages must be filled out completely. Pages that are not properly completed may be sent back for completion and this could delay the scheduling of your procedure.**

If you have any questions please call:

Scheduler for Dr. Sander Binclrow:
Stacey Mincey at 678-704-8142

Scheduler for Dr. Gie Na Yu:
Shaina Vaughn at 678-704-8143

Your scheduler will provide you with the codes for this page. You may use these codes if you would like to contact your insurance company to check your benefits. You do not have to. Our office will be doing so after we schedule your procedure. Either way please sign and return this page with your packet.

Colonoscopy Notification Statement
Know what you will owe!

Colonoscopy CPT: 45378

- Diagnostic / therapeutic colonoscopy; Diagnosis:** _____
Patient has past and/or present gastrointestinal symptoms, polyps, or gastrointestinal disease.
- Surveillance / High Risk Screening Colonoscopy; Diagnosis:** _____
Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of gastrointestinal disease, colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).
- Preventive Colonoscopy Screening; Diagnosis:** _____
Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

Who will bill me? You may receive bills from separate entities associated with your procedure, such as the physician, facility, anesthesia, pathologist, and/or laboratory. Atlanta Colon and Rectal Surgery, PA can only provide you with information associated with our fees.

How will I know what I will owe?

Call your Insurance carrier and verify the benefits and coverage by asking the following questions. Codes for your procedure are listed above. (You will need to give the Insurance representative your preoperative CPT and Diagnosis codes.)

1. Is the procedure and diagnosis covered under my policy? Yes No

2. Will the diagnosis code be processed as preventative, surveillance, or diagnostic and what are my benefits for that service? (Benefits vary based on how the Insurance company recognizes the diagnosis).

Diagnostic / Medical Necessary Benefits

Deductible: _____ Coinsurance Responsibility: _____

Facility In Network: Yes No

Preventative/Wellness/Routine Colonoscopy Benefits:

Are there age and/or frequency limits for my colonoscopy? (e.g. one every ten years over the age of 50, one every two years for a personal history of polyps beginning at age 45, etc)

No Yes if so; _____

Deductible: _____ Coinsurance Responsibility: _____

3. If the physician removes a polyp, will this change your out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical necessity benefit: more out of pocket expenses. Carriers vary on this policy.) No Yes

Representative's Name: _____ **Call Reference#:** _____ **Date:** _____

Can the physician change, add, or delete my diagnosis so that I can be considered a colon screening? No. The patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding legal document that cannot be changed to facilitate better Insurance coverage.

If your insurance plan has a high deductible, you may be asked to make a deposit prior to your procedure. For our fees, deposits, or an explanation of this form, please call our billing department at 404-252-8445. Further information on Colonoscopy can be obtained on our website at www.atlantacoln.com.

*** Patient Signature _____

_____ Date

This is a Medicare specific form. You do not have to complete this form unless you have Medicare.

Notifier: Atlanta Colon and Rectal Surgery, PA
5667 Peachtree Dunwoody Rd., Suite 330, Atlanta, GA 30342
Phone: 404-252-5669

*** Patient Name:

Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for colonoscopy below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the colonoscopy below.

Procedure	Reason Medicare May Not Pay:	Estimated Cost:
Colonoscopy	You may have had previous screenings that disqualify you under the Medicare Colonoscopy Screening Guidelines. Medicare allows for one colonoscopy screening every 10 years for non high risk patients and once every 24 months for high risk patients	\$221.49

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the colonoscopy listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS:

Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the colonoscopy listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the colonoscopy listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the colonoscopy listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature

Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Colonoscopy Evaluation

Today's Date: _____

*** Patient: _____ Account: _____

Please choose one of the following reasons for your visit:

- Diagnostic/therapeutic colonoscopy
I **have a symptom(s)** and/or diagnosis and need to discuss undergoing a colonoscopy.

- Preventive Colonoscopy Screening
I **do not** have any **symptoms**.
I **do not** have any personal or family history of colon cancer, polyps, gastrointestinal disease, etc

- High Risk Screening
I **do not** have any **symptoms**.
I **have a personal or family history** of colon cancer, polyps, gastrointestinal disease, etc

***Disclaimer:** The preventive services portion of The Patient Protection and Affordable Act only applies to your colorectal screening service. An evaluation and treatment of any sign, symptom, and/or colorectal disease will be processed under your regular insurance benefits; therefore, out of pocket expenses may apply. Please contact your insurance carrier with any questions or concerns regarding your insurance coverage.*

*** _____
Patient Signature

Date

This page is for your records. You do not have to return it to me.

Colonoscopy: What you need to know!

The Affordable Care Act passed in March 2010 allowed for several preventative services, such as colonoscopies, to be covered at no cost to the patient. However, there are many caveats that prevent patients from taking advantage of this provision. One example is a “grandfather” clause; where insurance companies have two years before offering preventative services at no cost. There are now strict and changing guidelines on which colonoscopies are defined as a preventative service (screening). These guidelines may exclude many patients with gastrointestinal histories from taking advantage of the service at no cost. Patients may be required to pay co-pays and deductibles.

Our practice has created this document to sort through some of the confusion and misinformation out there. Here is what you need to know:

Colonoscopy Categories:

Diagnostic/therapeutic colonoscopy

Patient has past and/or present gastrointestinal symptoms, polyps, or gastrointestinal disease.

Surveillance/ High Risk Screening Colonoscopy

Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of gastrointestinal disease, colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years).

Preventive Colonoscopy Screening

Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

Your primary care physician may refer you for a “screening” colonoscopy; however, you may not qualify for the “screening” category. This is determined in the pre-operative process. Before the procedure, you should know your colonoscopy category. After establishing what type of procedure you are having, you can do some research.

Who will bill me?

You may receive bills from separate entities associated with your procedure, such as the physician, facility, anesthesia, pathologist, and/or laboratory. Atlanta Colon and Rectal Surgery, PA can only provide you with information associated with our fees.

How will I know what I will owe?

Gather your personal coding information

Obtain the preoperative CPT and diagnosis codes as well as the facility name from the scheduler.

Call your Insurance carrier and verify the benefits and coverage by asking the following questions. (You will need to give the Insurance representative your preoperative CPT and Diagnosis codes.)

1. Is the procedure and diagnosis covered under my policy? Yes No

2. Will the diagnosis code be processed as preventative, surveillance, or diagnostic and what are my benefits for that service? (Benefits vary based on how the insurance company recognizes the diagnosis).

Diagnostic/Medical Necessary Benefits

Deductible: _____ Coinsurance Responsibility: _____

Facility in Network: Yes No

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Preventative/Wellness/Routine Colonoscopy Benefits:

Are there age and/or frequency limits for my colonoscopy? (e.g. one every ten years over the age of 50, one every two years for a personal history of polyps beginning at age 45, etc) No Yes if so; _____

Deductible: _____ Coinsurance Responsibility: _____

3. If the physician removes a polyp, will this change my out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical necessity benefit: more out of pocket expenses. Carriers vary on this policy.) Yes No

Representative's Name: _____ **Call Reference#:** _____ **Date:** _____

Call the ACRS billing department at 404-252-8445 with any questions or concerns. They are a great source of information and are happy to help if you are struggling to understand your financial obligations. However, it is still necessary for you to first call your insurance company and ask the above questions.

Can the physician change, add, or delete my diagnosis so that I can be considered a colon screening?

No. The patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

Patients need to understand that strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law.

However, if a patient notices an error in the medical record (e.g. date of birth, medication dosage, history notation, etc), he/she may request a correction/amendment by completing the "Request for Correction/Amendment of Protected Health Information" form and forwarding it to the physician's medical assistant. This form can be obtained on our website at www.atlantacol.com.

What if my Insurance company tells me that ACRS can change, add, or delete a CPT or diagnosis code?

This is actually a common occurrence. Often member service representatives will tell a patient that if only the physician coded it with a "screening" diagnosis it would have been covered at 100%. However, further questioning of the representative will reveal that the "screening" diagnosis can only be amended if it applies to the patient. Remember, many insurance carriers only consider a patient over the age of 50 with no personal or family history as well as no past or present gastrointestinal symptoms as a "screening" (V76.51).

If you are given this information, please document the date, name, and phone number of the insurance representative. Next, contact our billing department who will perform an audit of the billing and investigate the information given. Often the outcome results in the insurance company calling the patient back and explaining that the member services representative should never suggest a physician change their billing to produce better benefit coverage.