



South Denver GI cares deeply about our patients, and we want to share some helpful information with you. Per the colorectal cancer guidelines, you should begin screening for colorectal cancer with a colonoscopy when you turn 45 and continue with screening colonoscopies at regular intervals after that.

Did you know that colon polyps are common, especially as you get older? They affect about 20% of adults overall and about 40% over the age of 50. Your physician can let you know if you need to begin screening before you turn 45 based on your risk level.

Because there are several indications for a colonoscopy and several different types of interventions performed during a colonoscopy, it is important to understand why you are having your exam. Each insurance company may differ in their coverage, so it is important to understand the specifics of your insurance coverage.

Diagnostic:

Colonoscopy is performed as a result of abnormal findings, signs or symptoms (such as abdominal pain, bleeding, diarrhea, Crohn's, ulcerative colitis, etc.). Unlike screening colonoscopies, which are preventive, diagnostic colonoscopies are performed to diagnose a specific issue, rule out a potential problem and, as stated above, potentially in situations where the exam is being performed for surveillance of a previous history of polyps. **Most insurance** companies treat diagnostic colonoscopies as subject to your deductible and co-insurance.

Screening:

Refers to routine colonoscopies done on asymptomatic individuals that are at average risk for colon cancer, typically every 10 years. Average risk means that there is no personal or family history of polyps or colon cancer. Per the Affordable Care Act (ACA), **most health insurance companies** cover colorectal screening starting at age 45 with no out-of-pocket costs to the patient, even if polyps are found during the screening procedure.

High risk screening:

Colonoscopy includes individuals with a family history of polyps or colorectal cancer defined as parent, sibling, or child. In these situations, a colonoscopy may be recommended on a more frequent basis. **Some insurance companies** cover the costs of high-risk, more frequent screening colonoscopies.

Surveillance:

Involves more frequent colonoscopies for individuals who had polyps or cancer previously detected. The frequency and timing of follow-up exams depends on the size, number and type of polyps found. A follow-up colonoscopy is crucial because it allows your physician to monitor for any new polyps or precancerous growths that may have developed since the initial colonoscopy, enabling early detection and removal of these lesions. This approach, based on standard guidelines, significantly reduces the risk of developing colorectal cancer. Surveillance colonoscopies are considered **diagnostic** by **most insurance companies** and are usually subject to your deductible and co-insurance.

Please speak with your SDG provider if you have any questions about the differences in the types of colorectal cancer screenings. You can also call us at 303-788-8888 to learn more.