

Screening vs. Diagnostic vs. Surveillance Colonoscopy

In people **younger than 50**, colorectal cancer is now the leading cause of cancer-related deaths in men and the second in women. Getting screened is critical to detecting and preventing colorectal cancer. Timely screenings can save your life. A variety of different screening methods are available; however, a colonoscopy is the gold standard — the only screening method that can detect and prevent colorectal cancer. There are three different types of colonoscopy, with each one serving a different purpose. To better understand each one, an overview has been provided below.



Screening Colonoscopy

Screening colonoscopy is recommended starting at age 45 for individuals of average risk* of colorectal cancer. Average risk means that the person has no first-degree relatives including father, mother, child and/or siblings or personal history of colorectal cancer or polyps and no history of ulcerative colitis or Crohn's disease. The goal is to detect precancerous polyps or early cancer before symptoms arise. Procedure is done once every 10 years if the initial exam is normal and if the patient remains at average risk. **It is a preventive measure.**



Diagnostic Colonoscopy

Diagnostic Colonoscopy is recommended for patients with signs or symptoms consistent with colorectal cancer or to evaluate positive stool or blood-based screening tests. The purpose of investigating symptoms is to **diagnose any underlying conditions**, such as inflammatory bowel disease or cancer. Symptoms may include the following:

- **Bowel changes** — Diarrhea, constipation or a feeling that the bowel doesn't empty completely
- **Blood in stool** — Can be bright red or dark
- **Abdominal pain** — Abdominal pain, aches or cramps that do not go away
- **Weight loss** — Unexplained weight loss
- **Fatigue** — Feeling tired or weak
- **Other symptoms** — Frequent gas pains, bloating or abdominal fullness

Positive stool or blood-based screening tests must be evaluated with colonoscopy to exclude cancer or precancerous polyps.



Surveillance Colonoscopy

Surveillance Colonoscopy is recommended for patients if **they have had polyps removed in the past** or after **they have been treated** for colorectal cancer. Surveillance Colonoscopy may also be considered for those with ulcerative colitis or Crohn's disease, requiring more frequent checks than 10 years.

Paying For Your Colonoscopy

Screening Colonoscopy	Diagnostic/ Surveillance Colonoscopy
<ul style="list-style-type: none">● May be covered at 100%* <p>IF</p> <ul style="list-style-type: none">● You are 45 years or older.● No polyps are removed during the procedure. (Although most plans will still cover with appropriate insurance plan modifiers.)● Procedure is done once every 10 years if the initial exam is normal and if the patient remains at average risk.	<ul style="list-style-type: none">● MAY NOT be covered at 100%* <p>WHEN</p> <ul style="list-style-type: none">● Polyps are found and removed during a screening colonoscopy.● Polyps are removed during a surveillance colonoscopy.● Procedure is done more frequently than once every 10 years in a patient without previous CRC or polyps.● You may receive a bill from your surgery center or Anesthesia provider for your cost share based on your plan benefits.

*NOTE: Because insurance plans and coverage can differ, we recommend patients check with their health insurance carrier to determine if there will be any costs incurred with their screening, diagnostic or surveillance exams.