

Today's Date: _____

Dear Patient,

You have been scheduled for a procedure at Centrastate Medical Center, 901 West Main Street, Freehold, NJ 07728, on _____ with Dr. _____.

Attached you will find:

Procedure preparation instructions.

A prescription for your preparation (if you are having a colonoscopy); this can be obtained at your local pharmacy.

An order sheet for pre-admission testing (if required). If you have been advised pre-admission testing is necessary, please call **732-294-2778** to schedule your **pre-admission testing** as well as to **pre-register** for your procedure.

If you do not need to schedule any pre-admission testing, **pre-registration** will still be required. Please call Centrastate Medical Center's Admitting office at **732-294-2654** to **pre-register** for your procedure.

The evening before your procedure, a hospital representative will call you to advise you of your procedure time and when you should arrive at the hospital. When arriving at the hospital, please go through the main entrance and follow signs to "Admitting".

If you find it necessary to cancel your appointment, please kindly give us 72 hours notice; this will allow us to use this appointment for other patients as well as help you avoid a \$100.00 cancellation fee.

If you have any questions, please feel to call the office at 732-370-2220.

Thank you,

Advanced Gastroenterology Associates

COLONOSCOPY INFORMATION AND PREPARATION

COLONOSCOPY DATE: _____ TIME: _____

If you have any questions or concerns prior to your colonoscopy, please call (732) 370-2220, option 2.

Medications

If you take Aggrenox, Brilinta, Coumadin (warfarin), Effient, Lovenox, Plavix (clopidogrel), Pradaxa, Xarelto, or diabetic medications, please make sure you have received instructions from your prescribing doctor.

Diet Instructions

Five days prior to your procedure, stop all herbal supplements (such as ginkgo biloba, St. John's wort, fish oil), vitamin E, iron supplements, and anti-inflammatories (such as Advil, Motrin, Aleve or Excedrin). It is ok to take Tylenol. **DO NOT STOP ANY MEDICATIONS, INCLUDING ASPIRIN, UNLESS INSTRUCTED BY YOUR DOCTOR.**

Three to four days before the procedure, start a low roughage diet, avoid excess amounts of vegetables, salads, fruits with skins or seeds, nuts, corn, popcorn, whole grain cereals, or whole grain breads (for example, no Kashi).

The day before the procedure, you may eat lightly until **2:00PM** (for example: eggs, white toast, low fiber cereals like Rice Krispies, yogurt (smooth, no fruit, etc.), ice cream (smooth, no nuts, etc.), pudding, low pulp juices, milk, coffee, or tea). No fruits or vegetables. **After 2:00PM, you should have no solid food until after your procedure is completed on the following day.** You may have clear liquids (light in color) until 4 hours prior to procedure. Clear liquids include clear broth (without solid material like noodle or vegetables), any Jell-O (except red, purple, blue, or green colors), tea, water, clear sodas, or ice pops (except red, purple, blue or green colors).

The morning of the procedure, take only your **APPROVED MEDICATIONS** with a small sip of water (no diuretics/water pills unless this is combined with your blood pressure pills). **IF YOU CONTINUE DRINKING AFTER YOUR MORNING PREP AND MEDS, YOU PUT YOURSELF AT RISK OF ASPIRATION PNEUMONIA.**

After Your Colonoscopy

Sedatives given during your colonoscopy may linger for hours, so it is essential that a companion accompany you home. Your **procedure will be cancelled if you do not have appropriate transportation home.** You should not drive or operate any machinery. Do not drink alcohol or take sedative medicines during the next 24 hours following your procedure. Do not plan to travel outside the country for 10 days following your colonoscopy.

During the colonoscopy, air is used to partially inflate the bowel. This may give you a sensation of bloating or cramps. You can take Gas-X or Mylicon for gas. The discomfort will gradually disappear. Passage of small amounts of blood in the stool is of no consequence. **You should notify us immediately at (732) 370-2220 if you develop worsening abdominal pain, persistent nausea and vomiting, passage of large amounts of blood or clots, or significant fever (over 101).**

Unless otherwise instructed, you may resume your usual diet and medications after the procedure.

*** ONCE YOU HAVE STARTED YOUR PREP, DO NOT EAT ANY SOLID FOOD UNTIL AFTER YOUR PROCEDURE ***

On the day before your procedure, you must adhere to the marked preparation directions below, which your doctor has prescribed specifically for you. Please do not follow the directions on the prep packaging.

VERY IMPORTANT!

-YOU **MUST** DRINK AT LEAST 6-8 GLASSES OF WATER THROUGHOUT THE DAY **PRIOR** TO BEGINNING THESE PREPS
-APPLYING CREAMS SUCH AS BALMEX, A&D CREAM, OR VASELINE AND USING WIPES INSTEAD OF TOILET PAPER WILL HELP PREVENT IRRITATION.

_____ MoviPrep (2 Liters) **

- Step 1. Beginning at _____ the night before the procedure, empty 1 pouch A and 1 pouch B into the disposable container. Fill the container up to the top line with lukewarm drinking water and mix to dissolve. Drink 8 ounces every 15 minutes until the container is emptied followed by at least 16 fluid ounces of water or diet ginger ale.
- Step 2. Beginning at _____ the morning of the procedure, complete the preparation following the above steps, emptying pouches and filling container with lukewarm water. Drink 8 ounces every 15 minutes until the bottle is empty followed by 16 fluid ounces of water or diet ginger ale. **THIS MUST BE COMPLETED AT LEAST 4 HOURS BEFORE YOUR PROCEDURE TIME.**

_____ OsmoPrep Tablets (32 Tablets)

- Step 1. Beginning at _____ the night before the procedure, take 4 tablets every 15 minutes, with a large glass of water or diet ginger ale, for a total of 20 tablets.
- Step 2. Beginning at _____ the morning of the procedure, complete the preparation. Take 4 tablets every 15 minutes, with a large glass of water or diet ginger ale, for a total of 12 tablets. **THIS MUST BE COMPLETED AT LEAST 4 HOURS BEFORE YOUR PROCEDURE TIME.**

_____ SuPrep

- Step 1. Beginning at _____, the night before the procedure, dilute 1 bottle of SuPrep with 10 ounces of water or diet ginger ale and drink the entire mixture. Drink 32 ounces of water or diet ginger ale over the next hour.
- Step 2. Beginning at _____ the morning of the procedure, dilute 1 bottle of SuPrep with 10 ounces of water or diet ginger ale and drink the entire mixture. Drink 32 ounces of water or diet ginger ale over the next hour. **THIS MUST BE COMPLETED AT LEAST 4 HOURS PRIOR TO YOUR PROCEDURE TIME.**

**** If you can not wake up 5 hours before your procedure for the morning preparation, you must take it as late as possible the night before. This does NOT include OsmoPrep and SuPrep.**

**PLEASE, DO NOT
FOLLOW DIRECTIONS
ON PACKAGING OF
PREP!**

**FOLLOW ONLY THE
DIRECTIONS SUPPLIED
BY ADVANCED
GASTROENTEROLOGY**

**YOU MUST TAKE YOUR
MORNING PREP!**

**IF YOU SKIP THIS STEP,
YOUR COLON WILL NOT BE
CLEAN AND IT WILL
COMPROMISE THE
ACCURACY OF YOUR
PROCEDURE.**

KNOW YOUR BENEFITS!!!

You must call your insurance company prior to your procedure to KNOW YOUR BENEFITS.

You will be responsible for any **DEDUCTIBLES** and **CO-INSURANCE** associated with your particular insurance plan. DO NOT assume “in-network” means you will be 100% covered.

You are scheduled to have your procedure performed at **CentraState Medical Center as an "out-patient"**. Whether or not this facility is in network with your insurance carrier, you may have out-of-pocket costs which come from annual deductibles, coinsurance, and co-pays.

We will obtain any necessary prior authorizations for your procedure; however, this does not guarantee payment. **Please check your benefits with your insurance carrier(s) for this procedure.**

To help you better understand your benefits when calling your insurance carrier, the following is a check-list of important questions to ask.

Is the facility in network with my insurance carriers?

Please note, even if your doctor participates with your insurance carriers, the hospital may not. It is your responsibility to verify your coverage with ALL your insurance carriers.

Do I have a facility-based deductible?

Am I responsible for any co-insurance?

For example, some policies cover 80%, leaving the patient responsible for 20%, which is your co-insurance.

Do I have a facility co-pay?

If so, this is due on the date of the procedure.

Do I need a referral?

Please make sure all referrals are up-to-date. If you are scheduled for a second procedure on another day, a second referral may be required.

How will my colonoscopy be billed?

If you are having a colonoscopy, to better understand how your insurance company may handle your colonoscopy claim, please see the attached sheet. When calling, you'll need your diagnosis code(s), found on your patient summary received after your office visit or via the portal, so that your insurance company can tell you how they will be processing your claim and your potential financial responsibility, if any.

As always, if you have any questions or concerns, please feel free to call us at (732) 370-2220.

COLONOSCOPY: SCREENING, SURVEILLANCE OR DIAGNOSTIC?

Your insurance policy may be written with different levels of benefits for preventative versus diagnostic or therapeutic colonoscopy services. This means there are instances in which you may think your colonoscopy will be billed as a "screening" when it actually has to be billed as therapeutic. How can you determine what category your colonoscopy falls into?

COLONOSCOPY CATEGORIES:

Diagnostic/Therapeutic Colonoscopy: Patient has past and/or present gastrointestinal symptoms, polyps, GI disease, iron deficiency anemia and/or any other abnormal tests.

Surveillance/High Risk Screening Colonoscopy: Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of GI disease, colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (every 2-5 years, for instance).

Preventative Colonoscopy with Screening Diagnosis: Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of GI 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, but there may be a misunderstanding of the word screening. You must have no symptoms at all for your colonoscopy to be billed as a screening service.

Before your procedure, you should know your colonoscopy category. After establishing which one applies to you, please call your insurance company to find out your coverage for this service as well as and what your out-of-pocket responsibility, if any, will be.

Can the physician change, add, or delete my diagnosis so that it can be considered eligible for a screening colonoscopy? No. The patient encounter is documented in your medical record from information you have provided as well as what is obtained during your pre-procedure history and assessment. It is a binding legal document that cannot be changed to facilitate better insurance coverage. Patients need to understand strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or to bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law with fines and/or jail time.

What if my insurance company tells me the doctor can change, add, or delete a diagnosis or procedure code? Sadly, this happens a lot. Often, the representative will tell the patient "if the doctor had coded this as a screening, it would have been covered differently". However, further questioning of the representative will reveal the "screening" diagnosis can only be amended if it truly applies to the patient. Remember, many insurance carriers only consider a patient over 50 with no personal or family history, as well as no past or present gastrointestinal symptoms as a "screening." If you are given this information, please document the date of the call as well as the name and phone number of the insurance representative you spoke with. Next, contact our billing department. We will investigate the information given.