



# GASTROENTEROLOGY SPECIALISTS, INC.

Date of Exam: \_\_\_\_\_

Check In Time: \_\_\_\_\_

Exam Time: \_\_\_\_\_

Provider: \_\_\_\_\_

## Colonoscopy CLENPIQ Prep

**\* You must bring a driver who can remain in the office throughout your entire procedure. If your driver is not present at your check-in time, your procedure will be rescheduled. \***

**\* If you are taking any of the blood thinning medications listed below, you must have a blood thinner release signed by your prescribing physician \***

Follow instructions listed below. **DO NOT** follow the instructions on the box provided by the pharmacy.

• **7 DAYS BEFORE THE EXAMINATION:**

-Stop Plavix (Clopidogrel), Aggrenox, Effient (prasugrel), and Brilinta (Ticagrelor).

• **5 DAYS BEFORE THE EXAMINATION:**

-Stop Coumadin (warfarin), anti-Inflammatories (NSAID's), and fish oil.

• **3 DAYS BEFORE EXAMINATION:**

-Stop iron and bulk laxatives (Metamucil, Effersyllium, etc.) and avoid foods that are high in fiber (whole wheat breads, nuts, seeds, breaded/fried foods, corn, peas, beans).

- Last day to cancel or reschedule your appointment.

• **2 DAYS BEFORE EXAMINATION:**

-Stop blood thinners Eliquis, Pradaxa, and Xarelto

• **1 DAY BEFORE EXAMINATION:**

-Upon awakening, **Begin RESTRICTED LIQUID DIET only \***

-**2:00 PM:** Drink first bottle of CLENPIQ liquid prep.

- **2:00 PM to 6:00 PM:** Drink 40 oz (5 cups) of clear liquids.

-**8:00 PM:** Drink second bottle of CLENPIQ liquid prep followed by an additional 24 oz (3 cups) of clear liquids.

-**Diabetic Patients:** Take 1/2 dose of your PM insulin the day before your examination; do not take any insulin or diabetic medication by mouth the day of your procedure **UNLESS** your blood sugar is higher than 300g/dL.

If this occurs, take insulin according to your sliding scale

• **DAY OF EXAM:**

-**NOTHING BY MOUTH AFTER MIDNIGHT** including water, coffee, cigarettes, or chewing tobacco.

-You may brush your teeth.

-You may take your other medications with a small sip of water as directed by your physician.

-**High Blood Pressure Patients:** Take your morning dosage of blood pressure medication.

-**Females:** A urine sample will be required prior to anesthesia/procedure unless one of the following applies: Hysterectomy; Uterine Ablation without menstruation for greater than one year; or Menopause without menstruation for greater than one year.

**\*RESTRICTED LIQUID DIET: (NO red or purple!) (NO solid foods, dairy products, alcohol!)**

**Approved clear liquids:**

-Soda

-Sports drinks

-Clear broth or bouillon

-Water

-Black coffee

-Popsicles

-Plain jello

-White grape or apple juice





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## **Home Care Instructions for Sedation Procedures**

During your procedure you will be given medication that may affect your memory of the day's events. Other normal side effects of the medicine may include confusion, irritability, drowsiness or a drunken-like state. Resting at home is the best way to recover.

Your speech, posture, hand control and ability to work may be affected for 24 hours.  
A responsible person needs to drive you home after the procedure, and someone should stay with you for your safety until the effects of the medication have subsided.  
Do not make any important decisions or sign important documents for 24 hours.  
Do not drive or operate any machinery for 24 hours.

**IF THIS ARRANGEMENT HAS NOT BEEN MADE, YOUR PROCEDURE WILL BE CANCELLED.**

After your procedure, resume your usual diet unless instructed otherwise by your physician.  
Do not drink alcoholic beverages for 24 hours.

**\*If you take blood thinning medication you should ask your physician when it is safe to resume.\***

If you take prescription medicines on a regular basis, ask your physician which ones you should take after your procedure.  
Do not take any muscle relaxants, sedatives, hypnotics or mood altering medicines for 24 hours unless ordered by your physician.  
If you have pain, you may take over the counter medicines such as Tylenol.

**Call Your physician for any questions or if you notice any of the following:**

**Blue skin color  
Unable to arouse  
Bleeding**

**Difficulty breathing  
Pain not relieved by medicine  
Fever or chills**

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# Gastroenterology Specialists, Inc.

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## Colonoscopy Coverage: What You Need to Know

### IMPORTANT INFORMATION THAT MAY AFFECT YOUR OUT-OF-POCKET PAYMENT RESPONSIBILITY

The Affordable Care Act (ACA), passed in March 2010, allows for several preventative healthcare services, such as colonoscopy screening, to be covered by insurance at no cost to the patient. However, there are strict guidelines used by the insurance industry to determine when a colonoscopy is considered preventative or “screening”. These guidelines may exclude patients with a history of gastrointestinal symptoms or diagnoses (such as a previous history of colon polyps) from taking advantage of the procedure at no out-of-pocket cost. In these cases, the patient may be required to pay co-pays and/or deductibles. Our goal is to help you better understand how to confirm what your benefits are under your current insurance plan.

**Although your primary care provider may refer you for a “screening” colonoscopy, you may not qualify for the “preventative colonoscopy screening” category per the Affordable Care Act. Category descriptions are below:**

- **Preventative “Screening” Colonoscopy** – Patient has not had a colonoscopy in the past 10 years (to the day), is age 50 or older, has had no colon polyps or colon cancer found at colonoscopy ever, no gastrointestinal symptoms or disease and has no family history of colon polyps or colon cancer.
- **Diagnostic Colonoscopy** – Patient has gastrointestinal symptoms such as, but not limited to: rectal bleeding, diarrhea, change in bowels; colon polyps found at colonoscopy or prior history of colon polyps, family history of colon polyps; other gastrointestinal symptoms or disease requiring evaluation and/or treatment by colonoscopy.
- **Surveillance/High Risk (often called “recall”) Colonoscopy** – Patient has no current symptoms or known polyps but has a personal history of gastrointestinal disease (i.e., Crohn’s disease, ulcerative colitis, etc.), colon polyps and/or cancer or a first-degree family member (mother, father, sister, brother or child) with a history of colon polyps and/or colon cancer. Patients in this category are recommended to have colonoscopy at shorter intervals than every 10 years, typically every 1-5 years, depending on the specific history. Insurance companies typically process these benefits under the “Diagnostic” category, disallowing the benefit of having it considered under the ACA as a preventative service to be covered by insurance at no cost to the patient.

#### Questions to ask your insurance carrier:

- What are my benefits and coverage for a “screening colonoscopy”? CPT Code 45378 with modifier 33 or code G0121?
- What are my benefits and coverage for a “diagnostic colonoscopy”? CPT Codes 45378-45392
- If I am being scheduled for a colonoscopy because I have a positive stool test (FIT, Cologuard, etc.), will my colonoscopy be covered a preventative screening or as a diagnostic colonoscopy to determine why my stool test was positive?
- If you are 45-49 years old, ask if a “screening colonoscopy” is a covered benefit
- Is there a frequency limitation for these benefits (i.e., allowed once every 10 years, etc.)?
- If the provider removes polyps or takes a biopsy during my “screening” colonoscopy, will this change my procedure to a “diagnostic” colonoscopy with additional out-of-pocket responsibility?
- What are my benefits for a repeat/recall colonoscopy due to my personal history of colon polyps (diagnosis code Z86.010)?

We are frequently asked if the provider can change, add, delete or otherwise alter the indications (reasons) for procedure in the medical record so that the procedure may be considered preventative. Your medical record is a binding, legal document that cannot be changed to facilitate better insurance coverage. Even if your insurance company representative tells you we can change the code, we cannot. We are legally responsible to report services actually performed with the indications and diagnoses of record. Your insurance company may not be aware of all of your health history that is included in your medical record.

If you have an error in your medical record, you may request a correction/amendment by contacting our office at (918) 940-8500.