

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 WITH MIRALAX / MAG CITRATE PREP

COLONOSCOPY DATE: _____ TIME: _____

WHAT YOU NEED TO BUY:

- **MIRALAX – 238 gram bottle** (available over-the-counter at any pharmacy).
- **Mag Citrate – 300 ml** (available over-the-counter at any pharmacy).
- If not diabetic: Gatorade, 64 ounces (any color except red or purple) Alternatives: any clear drink, such as water, Crystal Light, etc.
- If diabetic: Crystal Light (to be mixed with 64 ounces of water). Alternatives: water (64 ounces) or any other sugar free drink.
- You may want to purchase a supply of "clear liquids" for your preparation.

MEDICATIONS

If you take Aggrenox, Brilinita, Coumadin (warfin), Effient, Eliquis, Lovenox, Plavix (clopidogrel), Pradaxa, Xarelto, or diabetic medications, please make sure you have received instructions from your prescribing doctor on any changes you may need to make while preparing for your colonoscopy.

INSTRUCTIONS:

5-7 days prior to 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 okay to take Tylenol. Continue taking all approved medications. **DO NOT STOP ANY MEDICATIONS, INCLUDING ASPIRIN, UNLESS INSTRUCTED BY YOUR DOCTOR.**

3-4 days prior to 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).

1 day before the procedure:

- Okay to take approved daily medications.
- Clear liquid diet all day long. For example, water, juice with no pulp (apple, etc.), popsicles, soda, jello (any color but red or purple), clear broth, black coffee (no milk), ice, etc.
- NO food or dairy products all day long.

At approximately 12 noon:

- Mix 238 grams of Miralax with Gatorade or substitute and refrigerate.

PAGE 1 OF 2

COLONOSCOPY WITH MIRALAX PREP – CONTINUED

The evening before your procedure, at _____:

Start drinking the Miralax and Gatorade, or Miralax and substitute mix. Try to drink one 8-ounce cup every 15-20 minutes. If nauseated, slow down.

Day of the procedure, at _____:

Drink 300ml of Mag Citrate and then drink 32 ounces of water – within one hour.

Nothing to eat or drink prior to the procedure (no water, coffee, candy, gum). No breakfast. Take only your approved daily medications with a few sips of water (no diuretics/water pills unless this is combined with your blood pressure pills). **IF YOU CONTINUE DRINKING AFTER YOUR MEDICATIONS, 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 canceled 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.

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 preventive versus diagnostic or therapeutic colonoscopy services. This means that there are instances in which you may think your procedure will be billed as a "screening" when it actually has to be billed as therapeutic or surveillance. 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) but:
- Has a first degree relative with colon cancer or polyps.
- Has a personal history of IBD, colon polyps, or colon cancer
- Is under the age of 50 with a family history of colon cancer or colon polyps

Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (every 2 -5 years, for instance).

*Preventive Colonoscopy with Screening Diagnosis:

- Patient is asymptomatic (no gastrointestinal symptoms either past or present)
- Patient is over the age of 50
- Patient 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 what, if any, your out-of-pocket responsibility will be.

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

No! The patient encounter is documented in your medical record from information you provided, as well as what is obtained during our pre-procedure history and assessment. 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 with fines and/or jail time.

What if my insurance company tells me that the doctor can change, add or delete a CPT or diagnosis code?

Sadly, this happens a lot. Often the representative will tell the patient that "if the doctor had coded this as a screening, it would have been covered differently." However, further questioning of the representative will reveal that the "screening" diagnosis can only be amended if it applies to the patient. Remember that many insurance carriers consider only patients over the age of 50 with no personal or family history as well as no past or present gastrointestinal symptoms as eligible for a "screening." If you are given this information, please document the date, name, and phone number of the insurance representative. Next, contact our billing department, and we will investigate the information given.

CPT: _____

DX: _____

2/2019