



Preparing for your Colonoscopy

3 DAYS PRIOR TO PROCEDURE

YOU MUST LIMIT raw vegetables, **and AVOID** nuts, seeds, flax seeds & popcorn. These foods can negatively affect the quality of the examination.

ARRANGE TRANSPORTATION: Since you will receive anesthesia/sedation for your procedure, you may not drive, or go home by taxi/bus/car service/Uber or Lyft. **You must be accompanied by an adult friend or relative to drive you home after the procedure. If you do not have a driver on the day of your procedure, your procedure will be cancelled.**

REVIEW BILLING INFORMATION. Review our Procedure Billing Information sheet to understand what to expect with costs associated with your procedure, and what questions to ask your insurance.



If you did not do so at the time of scheduling, let us know if you take any blood thinning medications (Coumadin, Eliquis, Plavix, Pradaxa, Warfarin, Xarelto) or start any after scheduling your procedure. We will need to obtain authorization from your prescribing physician, and will follow up with you on specific instructions. Do not stop heart/blood pressure/regular medication unless your doctor instructs you to do so. You may continue taking a baby aspirin (81 mg) without interruption.

1 DAY PRIOR TO PROCEDURE

NO SOLID FOODS: No solid food upon rising. On the day prior to your procedure, you will not be able to eat any solid food the entire day and will be on a clear-liquid diet. Clear liquids include: water, sports drinks, tea, broth, Jell-O, popsicles, clear fruit juice without pulp, coffee without milk or creamer and clear carbonated beverages. **Avoid dairy, and alcoholic drinks, and avoid red, orange & purple liquids, which can affect the quality of the examination.**

TAKE A BOWEL PREP: You will need to clean out your colon, so please follow the step-by-step bowel preparation instructions included in this packet. The prep will cause you to have diarrhea, so plan to be near a bathroom while prepping for your procedure.

ON THE DAY OF PROCEDURE



STOP ALL LIQUIDS 4 HOURS PRIOR TO PROCEDURE

NO gum, or hard candy or chewing tobacco.

NO smoking cigarettes, marijuana, cigars, pipes or E-cigarettes.

Bring a list of your medications: If you take heart, blood pressure, pain or seizure medication, or baby aspirin routinely, you may take these medications with a small amount of water. However, you must be done with all oral intake 4 HOURS before the procedure. **If you have diabetes**, hold oral diabetic medications and short-acting insulin on the morning of your procedure. Take half of your normal dose of long-acting or basal insulin, depending on your morning glucose level. If your blood sugar is above 300 in the morning of your procedure, we will be unable to proceed with the examination.

Bring your ID and a copy of your current insurance card: These items are required for check-in.

ALL NO-SHOWS, LATE CANCELLATIONS & LATE RESCHEDULES WITHIN 48 BUSINESS HRS WILL RESULT IN A \$150 FEE.

IF YOU NEED TO MAKE CHANGES TO YOUR APPOINTMENT - YOU MUST CALL RMG AND SPEAK TO A REPRESENTATIVE. CANCELLING OR CHANGING YOUR APPOINTMENT THROUGH THE PORTAL WILL NOT REFLECT ON OUR SCHEDULE, AND YOU WILL BE SUBJECTED TO THE SERVICE FEE.

Colonoscopy Bowel Prep Instructions

CLENPIQ

Pharmacy:

☐ **CLENPIQ Bowel Prep kit**

This kit will contain two 5.4-oz. bottles

You must have a prescription for this Bowel prep kit

Grocery Store:

☐ **Gas-X Simethicone tablets - (4 tablets)**

Generic brands of Simethicone are acceptable

Reg. (125 mg) or Maximum strength (180 mg)

Any flavor/color is acceptable

☐ **Water & Clear liquids**

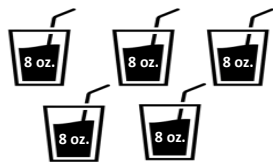
Day BEFORE Procedure:

Clear liquid diet all day

6:00pm

Begin taking CLENPIQ

6:00pm - 11:00pm



NO solid food upon rising.

You must be on a clear liquid diet the entire day.

Drink extra water throughout the day to avoid dehydration.

1 Drink 1 bottle of CLENPIQ

2 Chew 2 Gas-X / Simethicone tablets

3 Over the next five hours, drink at least FIVE 8-oz. cups (40 oz) of clear liquids.

● Nausea, bloating, cramping is normal - you can pause or slow down the rate of drinking until symptoms diminish.

Continue to drink plenty of water & clear liquids to prevent dehydration.

Day OF Procedure:

**5 HOURS PRIOR
to procedure**



4 Drink the 2nd bottle of CLENPIQ

5 Chew 2 Gas-X / Simethicone tablets

6 Over the next HOUR, drink at least FOUR 8-oz. cups (32 oz) of clear liquids.

● You must finish the entire prep, even if your bowels are clean.
Continue drinking clear liquids until 4 HOURS BEFORE PROCEDURE.



STOP ALL LIQUIDS 4 HOURS PRIOR TO PROCEDURE



COLONOSCOPY - FREQUENTLY ASKED QUESTIONS & DIABETIC INFORMATION

What is a clear liquid? A clear liquid is any transparent liquid, this includes water, broth, bone broth, juice without pulp, soda, sports drinks (ex: Gatorade), Jell-o, tea, or coffee without cream. Milk and cream are not clear liquids.

What is a clear stool? A clear stool can have a slight tint of yellow or green. It is completely transparent & does not contain any solid matter.

Is it normal to have diarrhea & cramping? YES. This is normal. Bloating, abdominal discomfort, nausea, cramping and diarrhea could happen at any point during the bowel prep process.

The prep is making me nauseous. What should I do? If you develop nausea or vomiting, slow down the rate at which you drink the solution. Take a break for 20-30 minutes, drink water and then continue bowel preparation. Drink all of the laxative solution, even if it takes longer. If vomiting persists, or you are not able to finish the preparation, call your physician's office for further instructions.

I am not having bowel movements. What should I do? Individual responses to laxatives vary. Bowel movements may begin up to 3-4 hours after beginning the prep solution. Be patient, and continue to drink liquids and walk around.

If you have not started having diarrhea 4 hours after drinking the first dose (9:00pm), please call your RMG physician's office for further instructions. You may be asked to take an additional dose of the prep solution.

Can I continue to drink liquids after I begin the laxatives/prep solution? YES. We recommend you drink more water and other clear liquids through the preparation process to avoid dehydration. You may continue drinking clear liquids until 4 hours prior to procedure.

Why do I have to wake up early to take an additional dose 6 hours prior - why can't I take it all the night before?

A split prep has been proven to be the most effective strategy for a successful colonoscopy preparation. It is essential that you follow the directions provided.

FOR PATIENTS WITH DIABETES CONTROLLED BY INSULIN OR ORAL MEDICATIONS:

We recommend using sugar free liquid for your bowel preparation. Options include Gatorade Zero, Propel & Crystal Light.

It is important to keep your blood sugar controlled when you are preparing for your procedure. Below are general recommendations for peri operative diabetes management. Please call your healthcare provider who manages your diabetes with additional questions regarding diabetes medication.

Check your blood sugar regularly throughout the preparation process, including at bedtime and the morning of your procedure. If your blood sugar is less than 60, you make take a glucose tablet and/or call your health care provider for further instructions.

➡ The day before your procedure:

- * Take your oral medications as usual
- * Be sure to drink any clear liquids necessary to maintain your blood sugar
- * Insulin: If you take insulin with meals: you should skip the insulin you would usually take with meals.

➡ The evening before your procedure:

- * **Oral medications:** continue usual dosage until midnight
- * **Insulin:** If you usually take long-acting insulin in the evening (e.g. lantus or glargine), you may take your usual dose of long-acting insulin in the evening before your procedure.

➡ The morning of your procedure:

- * **Oral medications:** Do not take any diabetes pills on the day of your procedure
- * **Insulin:** If you usually take long-acting insulin in the morning (e.g. lantus or glargine), please take between one-third and one-half of your usual morning dose.

➡ Insulin Pump:

- * Discontinue BOLUS insulin dosing on the day prior to the procedure and on the day of the procedure. Continue BASAL insulin infusion rate throughout the preparation process and on the procedure day.

BILLING FOR YOUR UPCOMING PROCEDURE

You may receive invoices from 3 separate entities associated with any scheduled procedure, including:



RMG PHYSICIAN BILLING: RMG will contact your insurance company to verify your benefits, however, we can only provide you with the information associated with our RMG Physician fees. If you would like an estimate prior to your procedure, call our RMG Billing office at **303-205-1090 option 2**.

***Please note:** If the physician finds a polyp(s), these will be removed for pathology testing. If a polyp or biopsy specimen is sent to pathology, charges may apply and will be billed through RMG.*



FACILITY BILLING: → **ALL PROCEDURE CENTERS** are managed by external entities separate from RMG. Therefore, you must speak with the facility directly to obtain the information associated with the facility fees. We have listed all of the facility phone numbers on our website at www.RockyMountainGastro.com/billing-information

***Please note:** RMG is NOT responsible for collecting facility fees for your procedure at any location, as they are billed & collected directly by the facility. Any money collected by the facility at time of service, is only applied to the facility fee & will not be applied towards any other fees associated with your procedure.*



ANESTHESIA BILLING: → **ANESTHESIA SERVICES** are managed by external entities separate from RMG. If your procedure is scheduled at Arapahoe, Aurora, Lakewood or North Denver Endoscopy Centers, Crown Point Surgery Center, Centennial Health Medical Plaza, call **1-800-242-5080** for anesthesia services & information. If your procedure is at a local hospital, contact that hospital directly.

Please be advised of all costs prior to your procedure.

NO-SHOWS, LATE CANCELLATIONS & LATE RESCHEDULES WITHIN 48 BUSINESS HOURS WILL RESULT IN A \$150 FEE.

Contacting Your Insurance Company

For all procedures, you should be prepared to pay any amount up to your deductible, plus any applicable co-insurance amounts. RMG encourages all of our patients to contact your insurance company directly to understand your benefits and any out-of-pocket costs for all of your procedures. Obtain the facility name from your scheduler, and ask your insurance company the following questions to understand how your insurance may process your claim for your procedure.



The correct coding of a procedure is driven by the physician & your medical history; it is NOT dictated by your insurance company or your insurance benefits.

While colonoscopies may fall under different categories (screening / surveillance / diagnostic) ALL OTHER PROCEDURES are considered to be diagnostic.

Is the physician & facility in my insurance network?	Yes _____	No _____		
Will the procedure be processed as: Preventative screening; surveillance; or diagnostic? What is procedure code?	Screening _____	Surveillance _____	Diagnostic _____	CODE: _____
Is the procedure/diagnosis code covered under my policy?	Yes _____	No _____		
Will that change if the physician removes a polyp or a biopsy?	Yes _____	No _____		
If the physician removes a polyp or specimen for a biopsy, will this also change my out-of-pocket responsibility?	Yes _____	No _____	If so, how? _____	
What is my deductible amount? How much have I met?	Deductible: _____	How much I have met: _____		
Co-insurance responsibility: _____				

Representative's Name: _____ Call Reference #: _____

Colonoscopy Billing

The Affordable Care Act was passed in March 2010, which allowed for several preventative services, such as colonoscopies, to be covered at no cost to the patient. However, there are many limitations that prevent patients from taking advantage of this provision. One example is a “grandfather” clause, where insurance companies have two years before offering preventative services at no cost.

And there are now strict and changing guidelines on which colonoscopies are defined as preventative service (screening.) These guidelines may exclude many patients with gastrointestinal histories or family histories from taking advantage of the service at no cost. Patients may be required to pay copays and deductibles.

➔ ***As a service to our patients, RMG will work with you and your personal insurance provider to determine what your individual benefits may or may not cover. However, we encourage all of our patients to also contact their insurance company directly to clarify coverage of their procedure.***

Colonoscopy Categories

Your primary care physician may refer you for a “screening” colonoscopy...however, you may not qualify for the “screening” category. This is determined in the preoperative process. Before your procedure, you should know your colonoscopy category. After establishing what type of procedure you are having, we encourage you to do research and contact your insurance.

● **Preventative Colonoscopy Screening:**

Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 45, no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. Patient has not had a colonoscopy or used a ColoGuard test in past 10 years.

Please note: A polyp/biopsy removal may change your screening benefit to a medical necessity benefit.

Insurance carriers vary on provided coverage for this scenario. Please contact your insurance company prior to your procedure.

● **Surveillance / High Risk Colonoscopy:**

Patient is asymptomatic (no gastrointestinal symptoms either past or present), but has a personal history of gastrointestinal disease, colon polyps, and/or cancer, and family history of cancer and/or polyps. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (example every 2-5 years.) Not all insurance companies cover 100% of these procedures.

● **Diagnostic / Therapeutic Colonoscopy:**

Patient has past and/or present gastrointestinal symptoms, polyps, cancer, or gastrointestinal disease.

This colonoscopy is NOT considered preventative and therefore NOT included in the provision of the Affordable Care Act.

Frequently Asked Questions about Procedure Billing

Can the physician change, add or delete my diagnosis so it can be considered a screening?

NO. The patient encounter is documented as a medical record from the information you provided as well as an evaluation & assessment from the physician. It is a legally binding 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 charge or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law.

However, if a patient notices an error in the medical record (example: date of birth, medication dosage, history notation, etc. patient may complete the “Request for Correction/Amendment of Protected Health Information” form & forward it to physician.

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

This is actually a common occurrence. Often, member service representatives will tell a patient that if the physician coded the procedure with a “screening” diagnosis, it would be covered 100%. However, further questioning of the representative will reveal the “screening” diagnosis can only be amended if it applies to the patient.

Remember, many insurance carriers only consider a patient over the age of 45 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, name and phone number of the insurance representative. Next, contact our billing department and we will perform an audit of the billing and investigate the information you were given. Often the outcome results in the insurance company calling the patient back and explaining the member services representative should never suggest a physician change their billing to produce better benefit coverage.