



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 insulin medications (Soliqua, Xultophy) 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.

➔ **DIABETIC/WEIGHT LOSS MEDICATIONS:** Additional reference page with instructions included in this packet.

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, please read the Diabetic Information page included in this packet.** Please 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.

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**

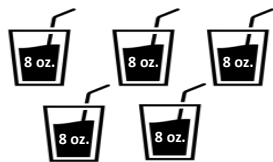
Day BEFORE Procedure:

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



DIABETIC & WEIGHT LOSS MEDICATION INFORMATION

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 prep process, including bedtime **AND** the morning of your procedure. If your blood sugar is less than 60, you may take a glucose tablet and/or call your health care provider who prescribes your diabetes medication 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.

FOR PATIENTS TAKING THE FOLLOWING MEDICATIONS

<i>Generic Name</i>	<i>Trade Name</i>	<i>Dosing</i>	<i>Instructions</i>
Dulaglutide	Trulicity	Weekly	<i>STOP TAKING 1 WEEK PRIOR TO PROCEDURE</i>
Exenatide (ext. release)	Bydureon BCise	Weekly	<i>STOP TAKING 1 WEEK PRIOR TO PROCEDURE</i>
Exenatide	Byetta	Daily	<i>STOP TAKING 2 DAYS PRIOR TO PROCEDURE</i>
Liraglutide	Victoza, Saxenda	Daily	<i>STOP TAKING 2 DAYS PRIOR TO PROCEDURE</i>
Lixisenatide	Adiynin	Daily	<i>STOP TAKING 2 DAYS PRIOR TO PROCEDURE</i>
Phentermine	Adipex-p, Lomaira	Daily	<i>STOP TAKING 1 WEEK PRIOR TO PROCEDURE</i>
Semaglutide	Rybelsus	Daily	<i>STOP TAKING 2 DAYS PRIOR TO PROCEDURE</i>
Semaglutide	Ozempic, Wegovy	Weekly	<i>STOP TAKING 1 WEEK PRIOR TO PROCEDURE</i>
Tirzepatide	Mounjaro	Weekly	<i>STOP TAKING 1 WEEK PRIOR TO PROCEDURE</i>



COLONOSCOPY - FREQUENTLY ASKED QUESTIONS

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.

Why can't the liquids I drink be red, orange or purple?

These colors can stain the walls of your colon, and can affect the quality of the examination.

What is a clear stool?

Clear stool can have a slight tint of yellow or green. It's 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?

With nausea or vomiting, slow down the rate at which you drink the solution. Take a break for 20-30 minutes, drink water & continue bowel preparation. Drink all the laxative solution, even if it takes longer.

If vomiting persists, or you aren't 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 (or by 9:00pm), you will be required to take additional prep solution. These items are available over-the-counter at most grocery stores & pharmacies.

- Take 2 Dulcolax / Bisacodyl (5mg) tablets with a glass of water.
- Mix an additional 32oz bottle of Gatorade with 4.15oz (119g) MiraLAX & drink the entire bottle.

You will still need to drink the remaining dose of prep solution on the day of the procedure, as outlined in the prep instructions. The end goal for a successful bowel preparation is for the stool to be clear. Please call your RMG physician with questions.

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.

Why do I have to stop all liquids four hours prior to my procedure?

This allows your stomach to empty prior to the procedure and is a safety requirement for sedation during your procedure. If there is liquid in your stomach during sedation, liquid could travel to your lungs & cause complications.

Why can't I chew gum or have tobacco the day of my procedure?

This is also a safety requirement for receiving sedation during your procedure and helps to ensure there is no liquid in your stomach during sedation.

Why can't I have an Uber or taxi service pick me up after my procedure?

Everyone reacts to sedation differently. After receiving sedation, our centers can not release you to the care of a driver who does not know you or your health history. Side effects can include drowsiness, nausea, impaired judgement and reflexes. Driving after receiving sedation carries the same legal penalties as driving under the influence of alcohol or other substances. If you are receiving sedation for your procedure and do not have a driver to take you home after the procedure, your procedure will be cancelled. You may resume normal activities, including driving, the day following your procedure date.

Procedure Billing: What You Need to Know



You may receive invoices from separate entities associated with any scheduled procedure such as:

*** Facility * Anesthesia * Pathology and/or laboratory * RMG Physician**

RMG will contact your insurance company to verify your benefits, but we can only provide you with the information associated with our RMG Physician fees.

For all procedures, facility services are billed directly by the facility. Please contact the facility for information.

Anesthesia services are billed separately by another company. If your procedure is scheduled at Arapahoe, Aurora, Lakewood or North Denver Endoscopy Centers, Crown Point Surgery Center, Centennial Health Medical Plaza, call 888-717-5383 for anesthesia services & information. If your procedure is at a local hospital, contact that hospital directly.

Colonoscopy Billing

The Affordable Care Act that passed in March 2010 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.***

Our practice has created this document to sort through some of the confusion and misinformation, as well as a guide for which questions to ask your insurance company to fully understand your individual responsibility.

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 undergone a colonoscopy in past 10 years.

● **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.)

● **Diagnostic / Therapeutic Colonoscopy:**

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

Contacting Your Insurance Company

We encourage 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 your 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.

1.) Is the procedure/diagnosis covered under my policy? Yes ☐ No ☐

2.) Will the diagnosis code be processed as a preventative screening, surveillance, or diagnostic... and what are my benefits for that service?

Colonoscopies may fall under different categories (ex: screening vs. diagnostic) But all other procedures will be considered diagnostic.

Diagnostic / Medical Necessary Benefit:

Deductible: _____

Co-insurance responsibility: _____

Facility in Network? Yes ☐ No ☐

3.) Are there age and/or frequency limits for my colonoscopy? (example: one every 10 years over the age of 45, one every two years for personal history of polyps beginning at age 45, etc.)

Preventative/Wellness/Routine Colonoscopy Benefits:

Yes ☐ No ☐ If yes: _____

Deductible: _____

Co-insurance responsibility: _____

4.) If the physician removes a polyp, will this change my out-of-pocket responsibility?

Yes ☐ No ☐

(A biopsy/polyp removal may change a screening benefit to a medical necessity benefit - carriers vary on this policy.)

Representative's Name: _____ Call Reference #: _____

Frequently Asked Questions about Procedure Billing

Can the physician change, add 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 before 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.