



DIGESTIVE HEALTH CENTER

GASTROENTEROLOGY OF INDIANAPOLIS

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Colonoscopy Preparation Instructions - Low-Residue Diet using Suprep

Name: _____ Date: _____ Check-In Time: _____

- READ THIS ENTIRE PACKET OF INFORMATION UPON RECEIPT -

APPOINTMENTS

Two business days' notice is required for canceling or rescheduling procedures. Failure to provide adequate notification may result in a \$100.00 fee.

Please bring the following to your appointment:

- 1) insurance card(s),
- 2) driver's license or photo ID, and
- 3) completed medication list.

FOOD RESTRICTIONS

- For two (2) weeks prior to the colonoscopy, **NO CORN**. This is especially hard to clean out.
- For one (1) week prior, no nuts or foods containing seeds such as blackberries, strawberries, sesame seeds, or poppy seeds.
- For breakfast and lunch the day before the procedure, consume a low-residue diet. See the attached instructions for the low-residue diet guidelines. After lunch, you are allowed clear liquids only. This could include water, clear juices without pulp such as apple or white grape juice, clear soda, lemon/lime Gatorade, or clear broth. **NO** solid foods, gelatin, coffee, dark tea, dairy products, or red or purple colored liquids.

YOU WILL NEED A DESIGNATED DRIVER

Your driver is expected to stay in the waiting room during your procedure; you should anticipate being here for approximately two hours from check-in time. Your driver should be a responsible adult family member or friend you trust to get you home safely as you will not be allowed to drive for 12 hours afterward. You are not allowed to walk home or take a taxi. The sedation used for these procedures makes it difficult for patients to remember Dr. Stout's instructions, so it is recommended your driver be someone you trust to receive your personal health information. Failure to have a driver will result in your appointment being canceled and may result in a \$100.00 fee, as stated above.

MEDICATIONS

Some of the medications you take may need to be stopped or adjusted prior to your colonoscopy.

- Insulin or diabetes pills. Please contact the doctor who monitors your glucose levels. Your insulin dosage may need to be adjusted due to the diet restrictions required with the bowel preparation.
- Ten (10) days prior to procedure, **no iron supplements** (ferrous sulfate), although multi-vitamins are ok.
- Three (3) days prior, **no blood thinners**. This may include but is not limited to aspirin, Advil, Aleve, Motrin, ibuprofen, Coumadin (warfarin), Plavix (clopidogrel bisulfate), Pradaxa, Ticlid (ticlopidine hydrochloride) and Agrylin (anagrelide.)
- Morning of the procedure, **no blood pressure medications**. This may include but is not limited to Lisinopril, Toprol, Metoprolol, Lopressor, Prinivil, and Zestril. Please contact your prescribing physician if you are not sure if your medication lowers your blood pressure.

WHAT TO WEAR TO THE PROCEDURE

Please avoid fingernail polish and jewelry. You will be given a gown to wear during the colonoscopy and will be provided with a locker for your clothing. You may wear a shirt under the gown providing the sleeves allow access for an IV.

Colonoscopy Preparation Instructions - Low-Residue Diet using Suprep (continued)

If you typically suffer from constipation, please purchase two 10-oz. bottles of lemon-flavored magnesium citrate, which is available over the counter. Drink one bottle two days before your procedure, and reserve the last bottle to drink after you have finished the second dose of the Suprep.

Along with your Suprep kit, please purchase Gas-X or Mylanta Gas tablets.

PREP DAY: _____ (This is the day before your colonoscopy.)

For breakfast and lunch the day before the procedure, consume a low-residue diet. See the attached instructions for the low-residue diet guidelines.

After lunch, you are allowed only clear liquids up until your appointment. This could include water, clear juices without pulp such as apple or white grape juice, clear soda, lemon/lime Gatorade, or clear broth.

NO solid foods, gelatin, coffee, dark tea, dairy products, or red or purple colored liquids.

Start Suprep by 6:00 p.m. If you are home earlier, you may start it in the late afternoon. *Do not take oral medications two hours prior to starting the prep or two hours after completing the prep.* Some find it helpful to drink the prep through a straw. You may also suck on a lemon wedge for a few minutes afterward to help diffuse the taste.

To prepare the solution:

Pour ONE 6-ounce bottle of Suprep liquid into the mixing container. Add cool drinking water to the 16-oz line on the container and mix. Drink ALL the liquid in the container.

- 1) Over the next hour and a half, drink TWO additional 16 oz containers of plain water.
 - 2) At 9:00 p.m., take 2 gas tablets with 8 ounces of clear liquid.
 - 3) At 10:00 p.m., take 2 additional gas tablets with 8 ounces of clear liquid.
-

PROCEDURE DAY: _____

Do not take any blood pressure medication. Do not take oral medications two hours prior to starting the prep or two hours after completing the prep.

- 1) Starting at _____ a.m. (3 and a half hours prior to your check-in), pour ONE 6-ounce bottle of Suprep liquid into the mixing container. Add cool drinking water to the 16-oz line on the container and mix. Drink ALL the liquid in the container.
- 2) Over the next hour and a half, drink TWO additional 16-ounce containers of plain water.

After completing the prep:

- Continue drinking CLEAR LIQUIDS until 2 hours before your appointment. You will lose a lot of fluid during the preparation process, so it is extremely important to hydrate.
- If your stools are not clear like urine, you will need to drink a 10-oz. bottle of magnesium citrate.
- If you have been instructed by your PCP to take pre-op antibiotics, take with a small sip of water only.

Failure to complete the preparation as described above may result in a poorly cleansed colon.

LOW-RESIDUE DIET GUIDELINES

You may consume the foods listed below for breakfast and lunch the day prior to your colonoscopy. **After lunch, you may have only clear liquids up until your appointment.**

A low-residue diet minimizes fiber and other indigestible materials, thereby reducing the production of waste in your colon and rectum. It is also known as a non-fibrous or restricted-fiber diet.

Be certain to read food labels on a low-residue diet. Look for foods that have no more than 1 gram of fiber in a serving.

It is important that you do not stuff yourself the day prior to your colonoscopy. Eat the following low-fiber foods **sparingly**:

CATEGORY	FOODS TO CHOOSE	FOODS TO AVOID
Breads and starches	White bread, roll or biscuit, white rice or noodles, plain crackers, skinless cooked potato, refined hot or cold cereals with less than 1 gram of fiber per serving	Whole-wheat or whole-grain breads, cereals, and pasta, brown rice, other whole grains
Meat and Protein	Tender meat, poultry, fish, eggs and tofu	Dried beans, peas, lentils, seeds, nuts, including peanut butter and other nut butters, cheese
Fruit	Canned or well-cooked fruit without skins or seeds, fruit juice with little or no pulp (no red or purple colored juice)	Dried fruit, prune juice, raw fruit including those with seeds, skins or membranes, red and purple colored juices
Vegetables	Canned or well-cooked vegetables without skins or seeds, vegetable juice with little or no pulp (no red or purple colored juice)	Raw vegetables or vegetables containing seeds, red and purple colored juices
Desserts	Sorbet	Ice cream
Other	Broth-based strained soups, mayonnaise, mustard, all items included on clear liquid diet	Milk products, coconut, popcorn, Jell-O

Digestive Health Center Medication List

Please print, complete, and bring with you to your appointment. Do not return this via email. Thank you.

Name: _____ Date of Birth: _____

Address: _____

Primary Care Physician (first & last name): _____

PCP Telephone #: _____ PCP Fax #: _____

Pharmacy Name/Address/Tel #: _____

Medication	Dosage	Frequency	Route <i>(for example, by mouth)</i>	Reason for Taking
Supplements/Vitamins <i>Please include the brand name</i>	Dosage	Frequency	Route	Reason for Taking

Allergies	Reaction

I consent to obtaining a history of my medications purchased at pharmacies: Yes No

SCREENING VS. DIAGNOSTIC

In the most general terms, a screening colonoscopy is typically performed in the absence of symptoms while a diagnostic colonoscopy is performed because of symptoms; however, it is very important that you understand how your insurance company differentiates between the two types of procedures. The definition and benefits provided vary from insurance company to insurance company and from policy to policy. We are unable to check your insurance company's definitions as well as your specific coverage regarding screening benefits, diagnostic/therapeutic benefits, in-network benefits, or out-of-network benefits. This is your responsibility.

Some considerations that your insurance company may use to determine benefits are:

- Gastrointestinal symptoms, either past or present, such as diarrhea, constipation, rectal bleeding, iron deficiency, anemia, or abnormal test results;
- Age of patient;
- Frequency of colonoscopy procedures;
- Personal and/or family history such as GI disease, colon polyps, cancer, etc.

Please note, EGDs are always considered a diagnostic procedure for insurance purposes.

FREQUENTLY ASKED QUESTIONS

Question: Can the physician change, add or delete my diagnosis so that I can be considered eligible for a preventive colonoscopy screening?

Answer: NO! The patient encounter is documented as a medical record from information you have provided during the pre-procedure history and assessment as well as from the procedure itself. It is a binding legal document that cannot be changed to facilitate better insurance coverage. Please 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.

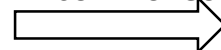
Question: What if my insurance company tells me that the doctor can change, add or delete a CPT or diagnosis code?

Answer: Often the representative will tell the patient that if the "procedure had been coded as a screening" the benefits might have been different. However, further questioning of the representative may reveal that the CPT and diagnosis codes must accurately reflect the information you have provided during the pre-procedure history and assessment as well as from the procedure itself. Your medical record is a binding legal document that cannot be changed to facilitate better insurance coverage. Please understand that strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or bill for this purpose.

Question: What if I come in for a screening (meaning that I have no symptoms) and one or more polyps are found? Will my insurance still process the claim as a screening or will it be changed to a diagnostic procedure?

Answer: Insurance companies have varied responses to this situation. It is extremely important that you contact your insurance company before your procedure so that you know what benefits the insurance company will provide in these circumstances.

INSURANCE GUIDE ON BACK



INSURANCE GUIDE FOR UPPER ENDOSCOPY AND COLONOSCOPY PROCEDURES

Insurance companies vary with regard to coverage for endoscopy procedures. We strongly encourage you to check your coverage by calling your insurance company directly before any procedure is performed to find out what your benefits are and if you may have any out of pocket expenses for your procedure.

1. Call the customer service representative for your insurance company. The telephone number should be listed on the back of your insurance card or in your benefits manual.
2. Tell the customer service representative that you are calling to check on your coverage for your colonoscopy and/or upper endoscopy which will be done by Dr. Daniel Stout at Digestive Health Center. Digestive Health Center is an ambulatory surgical center. If you are having a colonoscopy, there are three different scenarios possible - a screening colonoscopy, a surveillance colonoscopy, or a diagnostic colonoscopy. Please understand that your benefits vary depending on your scenario. If a biopsy is taken or a polyp is removed, your screening colonoscopy may become a diagnostic colonoscopy, then CPT code 45378 may change (e.g. 45384, 45385, 48380), and your insurance may process the claim differently. These procedure and diagnostic codes are some examples for you to get a better understanding of your coverage. These are not a guarantee of final billing for your procedure(s).

<p style="text-align: center;">Screening Colonoscopy</p> <p style="text-align: center;">“Average Risk”</p> <p style="text-align: center;">CPT 45378</p> <p style="text-align: center;">(due to age alone, no personal or family history)</p> <p style="text-align: center;">Diagnosis code: Z12.11</p>	<p style="text-align: center;">Screening Colonoscopy</p> <p style="text-align: center;">“High Risk”</p> <p style="text-align: center;">CPT 45378</p> <p style="text-align: center;">Family History</p> <p style="text-align: center;">Diagnosis code: Z83.71 Family hx colon polyps Z80.0 Family hx GI cancer</p>	<p style="text-align: center;">Surveillance Colonoscopy</p> <p style="text-align: center;">“High Risk”</p> <p style="text-align: center;">CPT 45378</p> <p style="text-align: center;">Personal History</p> <p style="text-align: center;">Diagnosis code: Z86.010 hx colon polyps Z85.038 hx colon cancer</p>	<p style="text-align: center;">Diagnostic Colonoscopy</p> <p style="text-align: center;">CPT 45378</p> <p style="text-align: center;">(patient having Symptoms)</p> <p style="text-align: center;">Diagnosis code: _____ _____</p>	<div style="text-align: center;">★</div> <p style="text-align: center;">Upper Endoscopy</p> <p style="text-align: center;">CPT 43235</p> <p style="text-align: center;">Diagnosis code: _____ _____</p> <p style="text-align: center;">43239 w/ bx 43248 w/ dilation</p>
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3. Although the majority of insurance policies do not require a prior authorization for an endoscopy at our facility, a few select policies do. If upon contacting your insurance company you learn one is required, please ask your insurance representative to see if one was already obtained. If it hasn't, please contact our office. Although we try to facilitate this process when the appointment is made, it is ultimately your responsibility to be sure that an authorization is in place prior to the day of your procedure.
4. Be sure to ask your insurance company about “out-of-pocket” expenses, including co-insurance or any deductible you have not yet met. This will ensure you are fully informed of the possible costs you may incur prior to your procedure.
5. You will receive two separate bills from Gastroenterology of Indianapolis: one for the procedure performed by Dr. Stout and the other for the facility fee at Digestive Health Center.
6. If Dr. Stout orders any blood tests or stool studies, these will be sent to a clinical laboratory and you will receive a separate bill directly from the clinical laboratory.
7. If Dr. Stout takes any tissue samples, these specimens will be sent to a pathology company and you will receive a separate bill directly from the pathology company.
8. If you have any questions regarding procedure codes, the charge amounts of the procedures listed above, or diagnosis codes, please contact our office at (317)848-5494.