



817 Lawn Ave, Sellersville, PA 18960    [www.cgi-health.com](http://www.cgi-health.com)

Your colonoscopy is scheduled for \_\_\_\_\_. Please arrive at \_\_\_\_\_.

Your procedure will be performed by     Dr. Kucer     Dr. Markos     Dr. Lukaszewski

**When arriving, please report to BUILDING B, which is the 2<sup>nd</sup> building in the complex.**

Attached you will find the instructions for your bowel prep.

Also included is a worksheet to assist you in determining your financial responsibility when you contact your insurance company.

Prior to arriving at our facility, please review our patient rights and responsibilities at [www.cgi-health.com/rights](http://www.cgi-health.com/rights).

If you are unable to access the patient rights and responsibilities (or you would prefer a hard copy), have any questions in regards to the prep, or if you need to change your appointment please contact \_\_\_\_\_ at 215-257-5071 ext \_\_\_\_\_.

When you arrive for your procedure, please bring both a photo ID and your insurance card(s) with you. You can expect to be here for approximately 1 ½ hours.

For our female patients between the ages of 18-57: On the day of the procedure you will be asked to provide the date of your last menstrual cycle and asked if there is any chance you could be pregnant. If uncertain, we advise you to take a pregnancy test prior to your arrival or your procedure will be cancelled.

## Colonoscopy – What you need to know!

Diagnostic/Therapeutic Colonoscopy      CPT Code: 45378      Diagnosis: \_\_\_\_\_  
*Patient has past and/or present symptoms, colon polyps, or gastrointestinal disease*

Surveillance/High Risk Colonoscopy      CPT Code: G0105      Diagnosis: \_\_\_\_\_  
*Patient has a personal and/or family history of colon polyps, gastrointestinal disease, or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years)*

Preventative Colonoscopy      CPT Code: G0121      Diagnosis: \_\_\_\_\_  
*Patient is over the age of 50, has no personal or family history of colon polyps, gastrointestinal disease, or cancer. The patient has not undergone colonoscopy within the last 10 years.*

**Who will bill me?** You may receive bills from separate entities associated with your procedure, such as the physician, facility, anesthesiologist, pathologist, and/or laboratory. The Center for GI Health and Endoscopy Center can only provide you with our fees.

**How will I know what I owe?** Call your insurance carrier and verify your benefits and coverage by asking the following questions. Codes for your procedure are listed above. In order to correctly estimate your financial obligation, you will need to give them these codes.

1. Is the procedure and diagnosis covered under my policy?       YES       NO
2. Will the diagnosis code be processed as preventative, surveillance or diagnostic and what are my benefits for that service? (Benefits vary based on how your insurance company recognizes the diagnosis).

Diagnostic/Medically Necessary Benefits

Deductible: \_\_\_\_\_ Co-Insurance Responsibility: \_\_\_\_\_

Is the facility in Network?       YES       NO

Screening/Preventative/Wellness/Routine Colonoscopy Benefits:

Are there age and/or frequency limits for my colonoscopy  NO       YES, limits \_\_\_\_\_

*(e.g. one every 10 years after the age of 50 or one every 2 years for personal history of polyps)*

Deductible: \_\_\_\_\_ Co-Insurance Responsibility: \_\_\_\_\_

3. If the physician removes a polyp, will this change your out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medically necessary benefit. Carriers vary on this policy. You may owe more out of pocket expenses.)       YES       NO

Representatives Name: \_\_\_\_\_ Call Reference #: \_\_\_\_\_ Date: \_\_\_\_\_

**Can the physician change, add, or delete my diagnosis so that I can be considered a colon screening? NO.** The patient encounter is documented as a medical record from the information you have provided as well as an evaluation and assessment from the physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

## THE PREP

### ***Note: Prescription Required***

#### **PRIOR TO YOUR PROCEDURE**

Obtain your prescription from any local pharmacy.

If you are DIABETIC, please consult with the physician who regulates your medication so that they make the proper adjustments while you are on a liquid diet the day before your procedure.

#### **THE DAY PRIOR TO YOUR PROCEDURE**

#### ***NO SOLID FOOD IS TO BE EATEN THE DAY BEFORE YOUR PROCEDURE.***

You may have clear liquids up to **6 hours** prior to your procedure. Clear liquids are soup broth, bouillon soup, soda, iced tea, hot tea, black coffee (no milk, cream or non-dairy coffee additives, sugar is ok), water, **non-red** colored juices (i.e. apple, white grape, white cranberry), strained lemonade, **non-red** colored Kool Aid, Gatorade, Crystal Light, popsicles without ice cream, Italian water ice, and Jell-O.

*Medications may be taken as usual on this day.*

**6PM:** Fill dosing cup with prep. Add water to the 16 oz line.  
Drink ALL the liquid in the container. When complete you MUST follow with two (2) or more 16oz containers of clear liquids over the next hour.

#### **MORNING OF YOUR PROCEDURE**

**6AM:** Fill dosing cup with prep. Add water to the 16 oz line.  
Drink ALL the liquid in the container. When complete you MUST follow with two (2) or more 16oz containers of clear liquids over the next hour.

You may take your heart and/or blood pressure medication at this time if necessary.

**DRIVER NEEDED:** If you do not have a driver you will have the option of either having the procedure done without sedation or you may reschedule for another day. Public transportation (cab, public or private transit vehicles, etc) is acceptable after your procedure **only** if you have a responsible adult to accompany you. An adult must remain with you for the remainder of the day.  
You are not permitted to drive until the next morning.