

Macomb Endoscopy Center
48801 Romeo Plank Rd. Ste 101
Macomb, MI 48044

Surgical Centers of Michigan
4600 Investment Dr. Ste 270
Troy, MI 48098

Sante D. Bologna, MD, FACP
John R. Weber, MD
Richard T. Wille, MD
Partha S. Nandi, MD, FACP

M. Emin Donat, MD, MRCPC
Leonard G. Quallich III, MD
Anezi Bakken, MD, MS
Amir Abadir, MD, FRCPC

Jack R. Tocco, DO

Date of Procedure:



Macomb Endoscopy Center and Surgical Centers of Michigan Colonoscopy Prep Instructions – Dr. Donat & Dr. Nandi

3 to 5 Days Prior to Colonoscopy	2 Days Prior to Colonoscopy	1 Day Prior to Colonoscopy	Day of Colonoscopy
<p>Arrange for a licensed driver who will remain in the car or in the first floor lobby during your procedure and drive you home. (Driver cannot leave the premises during your procedure.)</p> <p>Contact prescribing physicians for instructions on Insulin and diabetic medications.</p> <p>Stop all marijuana, iron supplements and multivitamins with iron.</p> <p>Discontinue fiber supplements (Metamucil, Citrucel, etc.)</p> <p>Avoid high fiber foods (See Important Colonoscopy Information for examples).</p>	<p><u>If you have constipation</u>, or have difficulty with colon cleansing. Please refer to the following: Eat a light breakfast and a clear liquid lunch two days prior to colonoscopy. (See Important Colonoscopy Information for examples of a clear liquid diet).</p>	<p>No alcohol, solid food or dairy products. Avoid anything red, blue or purple. Please begin a clear liquid diet (See Important Colonoscopy Information for examples of a clear liquid diet).</p> <p>12:00 pm: Drink one 10 oz bottle of Magnesium Citrate (refrigerated) over several minutes. After Magnesium Citrate is completed, drink at least three 8 oz glasses of clear liquids. Continue a clear liquid diet for the rest of the day.</p> <p>3:00 pm: Take two 5mg Dulcolax tablets with water. Mix ½ of the 238gm MiraLax in each of the 32 oz of Gatorade/other clear liquid until dissolved. Chill in refrigerator for 6:00 pm.</p>	<p>***TAKE seizure, blood pressure and/or heart medications with 2 oz of water or less the morning of your procedure. DO NOT take your diuretic (water pill).</p> <p>If your procedure is scheduled before 10 am, begin your second 32 oz of Gatorade/ other clear liquid and MiraLax solution at midnight. If your procedure is scheduled at 10 am or after, begin your second 32 oz of Gatorade/ other clear liquid and MiraLax solution at 5 am. Drink the solution at a rate of 8 oz every 15-20 minutes until gone.</p> <p>Continue not to eat. No drinking (including water) four hours before arrival time, except for medications listed above.</p>
<p style="text-align: center;"><u>Shopping List</u></p> <ul style="list-style-type: none"> • 5mg Dulcolax Tablets (4 tablets) • 238gm MiraLax (will be split into 2 bottles of Gatorade/other clear liquid) • 2-32 oz Gatorade or other clear liquid (clear, yellow, orange or green only) • Fleet Enema • 10 oz Magnesium Citrate 		<p>6:00 pm: Drink the first 32 oz Gatorade/other clear liquid and MiraLax solution at a rate of 8 oz every 15-20 minutes until gone.</p> <p>8:00 pm: Take two 5mg Dulcolax tablets with 8 oz of clear liquids and continue clear liquids until bedtime.</p>	<p>NO chewing tobacco, chewing gum, mints or hard candy until after your procedure.</p> <p>*See back for medication, allergy and surgery list. Please fill out and bring to your procedure.</p>



Patient Name: _____

Driver Name: _____

Driver Phone Number: _____

Medication, Allergy and Surgery List

Medication	Dose	Frequency

Allergy	Reaction	Surgery



Important Colonoscopy Information

- ❖ No eating or drinking (including water) four hours before arrival time **except** for seizure, blood pressure and/or heart medications. No chewing tobacco, chewing gum, mints or hard candy until after your procedure. **YOUR PROCEDURE WILL BE CANCELLED IF YOU EAT OR DRINK.**
- ❖ Your procedure will be **cancelled** if you do not have a driver. You will not be able to drive the entire day of your procedure.
- ❖ **ATTENTION ALL WOMEN:** A urine specimen is required upon arrival, unless you have had a hysterectomy or are 51 years or older and have been in menopause for a year.
- ❖ High fiber foods include fruit skins, fresh or dried fruit, grapes, tomatoes, whole grain bread/cereal, seeds, nuts, popcorn, beans and green beans.
- ❖ A clear liquid diet includes liquids you can see through such as: clear broth or bouillon, water, pop (Vernors, Sprite), popsicles, Propel, Jello, **pulp-free** fruit juices (apple, white grape). The following beverages are also acceptable: Coke/Pepsi, lemonade, Gatorade/Vitamin waters (except red, blue or purple), coffee or tea – sugar/substitute is ok but NO milk or creamer.
- ❖ Apply petroleum based product or diaper rash ointment to the rectal area if you experience discomfort from frequent stools. Consider use of a protective barrier for bedding.
- ❖ If your last bowel movement is not clear or yellow liquid the morning of your colonoscopy, use a fleet enema. Use only if you do not have kidney disease and are under the age of 70.
- ❖ Please leave all valuables, such as jewelry at home. Bring your driver's license, insurance card, COVID-19 vaccine card, a mask and your driver's phone number. Assistive devices, such as hearing aids and glasses are encouraged to be used. Surgical Centers of Michigan and Macomb Endoscopy Center will not be responsible for lost and/or damaged items.

Please review the following section if you are taking any of the listed medications. Please contact your prescribing physician before stopping any medication. If you have been given different instructions regarding blood thinner use prior to procedures, please contact us.

Aspirin	Continue
Aspirin with Effient/Prasugrel	Stop Effient 7 days prior
Aspirin with Brilinta/Ticagrelor	Stop Brilinta 5 days prior
Aspirin with Plavix/Clopidogrel	Stop Plavix 5 days prior
Plavix, Effient, Brilinta only	Continue
Coumadin/Warfarin	Stop 3 days prior. If you have valvular disease or hyper-coagulable state, discuss with prescribing physician regarding a Lovenox/Enoxaparin Sodium Bridge.
Pradaxa/Dabigatran, Eliquis/Apixaban, Xarelto/Rivaroxaban, *NSAIDs	Stop 1 day prior

*Ibuprofen, Motrin, Advil, Aleve, Mobic



Colonoscopy: Screening or Diagnostic?

The Affordable Care Act passed in March 2010 allowed for several preventative services, such as screening colonoscopies, to be covered at no cost to the patient. As of Feb. 25, 2013 – The federal government (Department of Health and Human Services) has issued an important clarification on preventive screening colonoscopy. This ensures colorectal cancer screening is available to privately insured patients at no additional cost, as intended by the new healthcare law. Patients with Medicare coverage must still pay a coinsurance when a polyp is removed as a result of the screening colonoscopy. That only applies to average screening, not high risk screening. Medicare still covers high risk screening at the same rate as an average risk screening but commercial payers may not. Some will impose standard benefits to those patients with a personal history of polyps, cancer, or GI disease.

Colonoscopy Categories:

Diagnostic/Therapeutic Colonoscopy: Patient has past and/or present gastrointestinal symptoms, polyps, GI disease, iron deficiency anemias and/or any other abnormal tests.

Surveillance/High Risk Screening Colonoscopy: Patient is asymptomatic (no gastrointestinal systems either past or present), has a personal history of GI disease, personal and/or family history of colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g., every 2-5 years)

Preventive Colonoscopy Screening Diagnosis:

Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, 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. This will be determined in the pre-operative process. Before your procedure, you should know your colonoscopy category. After establishing which procedure you are having, you can do some research.

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

No! The patient encounter is documented as a medical record from information you have provided as well as what is obtained during taking 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?

This happens a lot. Often the representative will tell the patient 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 only consider a patient over the age of 50 with no personal or family history as well as not past or present gastrointestinal symptoms as a “screening” (Z12.11)

If you are given this information, please document the date, name, and phone number of the insurance representative. Next, contact our billing department who will perform an audit of the billing and investigate the information given. Often the outcome results in the insurance company calling the patient back and explaining that the member services representative should never suggest a physician change their billing to benefit a patient’s coverage.



Colonoscopy Notification Statement Know What You Will Owe

Colonoscopy CPT (Procedure Code): 45378 Medicare and BCBS use code G0121 for screening or G0105 for surveillance.
Please note: The procedure code is subject to change. The actual procedure code used for billing cannot be determined until the procedure has been completed.

- Diagnostic/Therapeutic Colonoscopy:** Diagnosis _____
Patient has past and/or present gastrointestinal symptoms, polyps, GI disease or anemias.
- Surveillance/High Risk Colonoscopy:** Diagnosis _____ (example: personal history of colon polyps)
Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of GI disease, personal and/or family history of colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g., every 2-5 years).
- Preventive Screening Colonoscopy:** Diagnosis code for routine screening is Z12.11.
Patient is asymptomatic (*no gastrointestinal symptoms* either past or present), over the age 50, 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.

Who will bill me? You may receive bills for separate entities associated with your procedure, such as the physician, facility, anesthesia, and pathology.

How will I know what I will owe?

Call your insurance carrier and verify the benefits and coverage by asking the following questions. Codes for your procedure are listed above. (You will need to give the insurance representative you preoperative CPT and Diagnosis codes.)

1. Is the procedure 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?
(Results may vary based on how the insurance company recognizes the diagnosis).

Diagnostic/Medical Necessity Benefits

Deductible: _____ Coinsurance Responsibility: _____

Facility in Network: **Yes** _____ **No** _____

Preventative/Wellness/ Routine Screening Colonoscopy Benefits:

Are there age and/or frequency limits for my colonoscopy? (e.g., one every 10 years over the age of 50, one every two years for a personal history of polyps beginning at age 40 etc.)

No _____ **Yes** _____ **If so:** _____

3. If the physician removes a polyp, will this change my out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical necessity benefit which equals more out of pocket expenses. Carriers vary on this policy.)

No _____ **Yes** _____

Representatives Name _____ Call Reference #: _____ Date: _____

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

NO! The patient encounter is documented as a medical record from information you or your primary care physician have provided. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

If your insurance plan has a high deductible, you may be asked to make a deposit prior to your procedure. For our fees, deposits, or an explanation of this form, please call our billing department at (586)-726-8423. Further information on colonoscopy can be obtained on our website at www.troygastro.com.