

Polyethylene Glycol Bowel Prep Colonoscopy Instructions

****Read All Instructions****

(You must bring someone with you to drive you home safely, due to sedation)

Your Procedure is scheduled at:

[] **Columbia Endoscopy Center**- 208 Portland St. Columbia, MO 65201 (arrive at this address for procedures)

Date: _____ Arrive at: _____ Procedure time: _____ Doctor: _____

Five (5) days prior to procedure stop all:

- Vitamins
- Blood thinners- contact your prescribing doctor before stopping
- Iron pills
- Stool medications (Imodium, fiber supplements)

- **Blood pressure** -ok to take the morning of your appointment 4 hours prior with a sip of water.

Two (2) days prior to procedure avoid eating **Nuts, Seeds or Raw Vegetables.**

****You will need to purchase Co-lyte (you will need a prescription), and Dulcolax (Two- 5mg tablets)****

The day before your procedure, eat a clear liquid diet for **breakfast, lunch, and dinner. NO SOLID FOOD Nothing Red or Pink to color**, No Milk/ Milk Products and No Non-Dairy Creamer:

Clear liquids included:

- | | |
|-------------------------------------|---|
| - Water | - Tea |
| - Gatorade | - Coffee (without creamer) |
| - Grape, Apple, Cranberry juice | - Soda |
| - Broth | - Popsicles without pulp |
| - Jell-O | - Hard Candies that is not Red or Pink |
| - Kool- Aid that is not Red or Pink | - Crystal Light that is not Red or Pink |

Please drink plenty of fluids during the day to prevent dehydration.

At **8AM** take two (2) Dulcolax tablets with 8 ounces of water.

Between **12:00pm and 5pm**, Drink 8 ounces every 20- 30 minutes until $\frac{3}{4}$ of the solution is gone. Save 16 ounces and refrigerate.

The day of your procedure, at least 5 hours prior to your arrival time, drink the solution of bowel prep that you have saved in the refrigerator. You must finish drinking **this at least 4 hours before** your check in time. **Nothing at all by mouth 4 hours prior to your procedure including chewing tobacco and smoking.**

****You will need to bring a driver, a list of medications, driver's license or identification card, insurance card and any co-pay that is required. From the time you arrive to the time you leave is approximately 3 hours. You will not be able to drive for 12 hours after your procedure due to the sedation. If you have any question, please call 573-777-8820.******

SCREENING COLONOSCOPY VS. DIAGNOSTIC COLONOSCOPY

If you are here today because you were sent by your physician for a “Screening Colonoscopy”, or you have seen one of our providers and he/she recommends a colonoscopy, please read this form in its entirety. You need to be fully educated on the state and federal guidelines for reimbursement services.

The Center for Medicare and Medicaid Service (CMS) “Preventative Screening” initiative passed in January 2011 dictates that patients undergoing a “Screening Colonoscopy” will not be held to their coinsurance or deductible responsibilities.

The definition of a “Screening Colonoscopy” per CMS guidelines is as follows: “A colonoscopy being performed on a patient *who does not have any signs or symptoms in the lower GI anatomy and has not had a colonoscopy within 10 years PRIOR* to the scheduled test”

Any symptom such as a change in bowel habits, diarrhea, constipation, rectal bleeding, anemia, etc. prior to the procedure, and noted as a symptom by the physician in your medical record, may change your benefit from a screening to a diagnostic Colonoscopy.

Please Note: If you’ve had a colonoscopy within the last 10 years and the result indicated you had colon polyps, you are NOT eligible for a Preventative Screening Benefit. You have a prior history of colon polyps, thus, your colonoscopy is now a “Surveillance of the Colon” and is considered a diagnostic not a preventative procedure.

If you are under the age of 50 and are being seen for a screening colonoscopy, you may not be eligible for a Preventative Screening Benefit. *It is your responsibility to know your insurance policy and the services covered by your plan. Please contact your insurance company with benefit questions prior to your procedure.*

Please be advised that if during the procedure your doctor finds a polyp or tissue that must be removed for pathological testing, the fees for pathology services are NOT covered by the Preventative Screening Benefit and will be applied toward your deductible or coinsurance.

Expect to receive 3 or 4 bills for your procedure:

- Physician Services
- Anesthesia
- Pathology
- Facility Fee

We make every effort to code correctly for your procedure with the right modifiers and diagnoses. The correct coding of a procedure is driven by the physician and your medical history, and is not dictated by your insurance benefits or a particular insurance company.

Polyethylene Glycol Bowel Prep Colonoscopy Instructions

****Read All Instructions****

(You must bring someone with you to drive you home safely, due to sedation)

Your Procedure is scheduled at:

[] **Boone Hospital Center**- 1600 East Broadway, Columbia, Mo 65201 (outpatient services, 3rd floor)

Date: _____ Arrive at: _____ Est. Procedure time: _____ Doctor: _____

Five (5) days prior to procedure stop all:

- Vitamins
- Blood thinners- contact your prescribing doctor before stopping
- Iron pills
- Stool medications (Imodium, fiber supplements)

- **Blood pressure**- Please call Boone Hospital GI Lab at 573-815-6344 to check if you are to take your medication the morning of your procedure

Two (2) days prior to procedure avoid eating **Nuts, Seeds or Raw Vegetables**.

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