

RITU M. SACHDEV, M.D.

Gastroenterology

14999 Health Center Drive, Suite 201
Bowie, Maryland 20716

301-262-8188
Fax 301-464-8233

COLONOSCOPY INSTRUCTION PACKET

_____ has a **Colonoscopy** scheduled:

Date: _____ **Arrival Time:** _____

Location: Greenbelt Endoscopy Center
9821 Greenbelt Road, Suite 103
Lanham, MD 20706
Telephone: 301-552-1801
Fax: 301-552-2695
Web: www.greenbeltendoscopy.com

Assigned Prep:
____ Prep A- Plenvu
____ Prep B- Suprep
____ Prep C- Clenpiq
____ Prep D- Colyte

Enclosed is the information for your upcoming procedure with Dr. Sachdev at Greenbelt Endoscopy Center.

****Please read your instructions carefully at least three times prior to your procedure****

***Today**

***1 week prior to your procedure**

***The day before your procedure**

Your packet should contain:

- Instructions for your procedure
- Other preparations (If applicable)
- Information about the Anesthesia
- Bowel Preparations Instructions
- Understanding your procedure
- Frequently Asked questions

You will need to arrange transportation with a family member or friend over the age of 18 with a valid driver's license. Taxi driver is not considered to be the appropriate discharge adult unless the patient is accompanied with another responsible adult. The policy of the facility restricts patients who received sedation anesthesia to go home by public transportation such as bus or subway.

If you are taking any **blood thinners** they will need to be discontinued 5 days prior to your procedure.

Please contact your insurance company to see what your out of pocket expenses are going to be.

If there are any questions please contact our office at 301-262-8188.

**** CANCELLATION POLICY****

PLEASE PROVIDE 48 HOURS NOTICE TO RESCHEDULE YOUR PROCEDURE. YOU WILL BE RESPONSIBLE FOR A \$100 MISSED PROCEDURE FEE IF YOU FAIL TO PROVIDE 48 HOURS NOTICE.

PLEASE CONTACT BOTH GREENBELT ENDOSCOPY CENTER AND BOWIE INTERNAL MEDICINE WHEN CANCELLING YOUR PROCEDURE.

INSTRUCTIONS FOR COLONOSCOPY

- **2 WEEKS PRIOR TO YOUR PROCEDURE**
 - If you are currently taking Phentermine, Adipex-P, Suprenza, or Ionamin stop 2 weeks prior to your procedure.
- **1 WEEK PRIOR TO YOUR PROCEDURE**
 - If Dr. Sachdev ordered stool studies to be completed prior to your procedure drop them off to the lab one week prior to your procedure. You will have to reschedule your procedure if they are not back in time.
- **A FEW DAYS PRIOR TO YOUR PROCEDURE**
 - At least 2 days prior to your colonoscopy make sure you have received your preparation from your pharmacy.
 - Inform your physician if you have an internal cardiac defibrillator, active Tuberculosis, or MRSA. Special arrangements may be required prior to the procedure.
 - Stop taking Coumadin and/or Plavix at least 5 days prior to your procedure. Please check with your prescribing physician for approval to stop Coumadin and/or Plavix and or any other blood thinners such as Xarelto, Warfarin, or Effient.
 - Start a low fiber diet 3 days prior to procedure which can be found on page 7. Discontinue fiber products, iron, supplements, vitamins and herbal supplements. Avoid garlic pills, fish oil, corn, seeds, nuts, popcorn, peas and beans.
- **THE DAY BEFORE THE PROCEDURE**
 - **You should have clear liquids all day until midnight. Clear liquids include water, ginger ale, apple juice, Gatorade, lemonade, and clear broth such as chicken broth without the noodles and tea without milk. You may also have Jell-O (avoid green, red or purple).**
 - The instructions for the bowel preps start on page 3.
 - You should inform your physician if any severe vomiting, severe abdominal distension or no bowel movement after completing the preparation.
 - Most bowel prep medications work within 30 minutes but may take as long as 3 hours. Remain close to a restroom as multiple bowel movements may occur.
 - If applicable, take blood pressure, asthma, seizure, and heart medication. Check your blood sugar level before taking insulin and diabetic medication. Call the office with any questions.
 - **You may have nothing to eat or drink after midnight except for medications and bowel prep.**
- **ON THE DAY OF THE PROCEDURE**
 - In the early morning, **take nothing by mouth except your usual morning medications (except diabetic medication or insulin) with only a few sips of water.**
 - If you use an inhaler or CPAP machine, please bring it with you to your appointment.
 - **Report to the Greenbelt Endoscopy Center at the time given when scheduled only.**
 - Bring a current list of your medications, insurance card, your photo ID and co-payment to the Center.
 - Be sure to have someone to drive you home. They do not have to wait at the facility; we will call them 30 minutes prior to the time of discharge.
- **ONCE YOU ARRIVE AT GREENBELT ENDOSCOPY CENTER**
 - Report to the reception desk for registration. The patient will be taken to the admission area.
 - Once the patient arrives in the admission area a nurse will perform the pre-op assessment and complete the necessary documents.
 - The nurse will insert an IV for fluid infusion and access for the sedation, which will be administered in the procedure room.
 - Patients will then be transferred from the admissions area to the procedure room.
 - After the procedure is performed, you will be transferred to the recovery room.

- Dr. Sachdev would like to talk to the family member accompanying the patient immediately after the procedure.
- You will continue to be monitored by a nurse for 30 minutes.
- Dr. Sachdev and the recovery room nurses will give post procedure instructions to the patient. A copy will be given to the patient to take home.
- You will receive a phone call from Greenbelt Endoscopy Center the day following your procedure for any questions or concerns.

NOTE: Total estimated time is about 2 ½ to 3 hours for all procedures.

BOWEL PREPARATIONS

NOTE FOR PREPS: These times are ideal for better results. If you feel that you need to start the prep earlier, do not start before 4:00 p.m. You need to finish drinking your prep 4 hours before your procedure. Please note that there is **an increased risk of missing colon polyps and cancer** in the absence of an adequate colon preparation. A prep split into 2 doses improves the quality of the exam by ensuring adequate cleaning of the entire colon. So please take this seriously and notify Greenbelt Endoscopy Center pre-op nurse if your stool does not appear clear or a light yellow/orange color without any particles after you have finished the entire prep. Please inform Dr. Sachdev before your procedure is scheduled if you have 3 or less bowel movements per week.

Take Bisacodyl 5 mg tabs(OTC) x 2 at 5 pm night before procedure

A. Plenvu

Take Dose 1

- 1) Use the mixing container to mix the contents of the Dose 1 pouch with at least 16 ounces of water by shaking or using a spoon until it's completely dissolved. This may take up to 2 to 3 minutes. Take your time – slowly finish the dose within 30 minutes.
- 2) Refill the container with at least 16 ounces of clear liquid. Again, take your time and slowly finish all of it within 30 minutes.

WAIT AT LEAST 2 HOURS FROM THE START OF DOSE 1, THEN...

Take Dose 2

- 1) Use the mixing container to mix the contents of the Dose 2 (Pouch A and Pouch B) with at least 16 ounces of water by shaking or using a spoon until it's completely dissolved. This may take up to 2 to 3 minutes. Take your time – slowly finish the dose within 30 minutes.
- 2) Refill the container with at least 16 ounces of clear liquid. Again, take your time and slowly finish all of it within 30 minutes.

B. Suprep (Prescription) – 32 ounces of liquid. The Suprep kit contains two 16 ounce cups for mixing the solution with water and two 6 ounce bottles of the Suprep liquid.

Beginning at 7:00 p.m. the evening before the procedure, may begin as early as 4 p.m. if needed. Mix and drink the first dose over 30 minutes

1. Pour one (1) 6 ounce bottle of SUPREP liquid into the mixing cup.
2. Add cool drinking water to the 16 ounce line on the container and mix.
3. Drink ALL of the liquid in the container.
4. You must drink two (2) additional 16 ounce containers of water over the next hour.

Begin taking 2nd dose **5 HOURS BEFORE PROCEDURE** repeating steps 1 – 4.

C. Clenpiq

- 1) Beginning at 8 p.m. drink the first bottle.
- 2) Follow with FIVE (5) 8-ounce drinks of clear liquid/water within the next 5 hours.
- 3) Begin taking the 2nd dose at 2 a.m. or _____.
- 4) Keep Hydrating. Drink at least 3 cups (8-ounces each) of clear liquid/water.

D. Colyte (Prescription)- Entirely a gallon liquid. Prepare colon prep solution according to package instruction with a flavor pack or 1-2 tubes of Crystal Light lemonade mix.

Beginning at 8:00 p.m

- 1) Drink 1 to 2 glasses (8 - 16 oz) every 20 to 30 minutes until you have consumed the HALF gallon.
- 2) Continue to drink clear liquid as it will help with the cleansing.

Beginning 6 hours before your test

- 1) Drink 1 to 2 glasses (8 - 16 oz) every 20 to 30 minutes until you have consumed the REST OF THE gallon.

Tips to improve overall taste of the prep:

1. Drink it COLD- the colder it is, the less salty it will taste.
2. Drink prep through a straw placed far back on your tongue.
3. Suck on a lemon or lime afterward.

OTHER PREPARATIONS (IF APPLICABLE)

If you have a history of any of the following you will need to contact your cardiologist and get a cardiac clearance **BEFORE** the procedure:

- Chronic heart failure
- Atrial fibrillation
- Heart block with pacemaker
- Coronary artery disease
- Abdominal aortic aneurysm
- Morbid obesity (A Body Mass Index in the range of 45-50)
- Stage 3 Chronic Kidney Disease

If you do not have a cardiologist, but need cardiac clearance please contact the office at 301-262-8188 to get the appropriate testing done.

If you do have a cardiologist and have scheduled an appointment, please contact the office at 301-262-8188 to notify us of the appointment for our records.

If you are taking **Coumadin /Warfarin** it will need to be discontinued 5 days prior to your procedure. If you are taking **Coumadin / Warfarin** for your heart problem, please consult your cardiologist for verification.

Inform Dr. Sachdev ASAP if you have the following conditions:

- **An internal cardiac defibrillator or**
- **Recent heart attack within 3 months or**
- **Recent diagnosis of active Tuberculosis or**
 - **Body Mass Index greater than 50.**

******Special arrangements are required prior to the procedure******

Please inform Dr. Sachdev before your procedure is scheduled if you have 3 or less bowel movements per week.

Some health insurance plans may not cover all the medical claims. Please contact your insurance company to see what your out of pocket expenses are going to be or contact the billing department of the Greenbelt Endoscopy Center at 240-553-0301.

UNDERSTANDING COLONOSCOPY

What is a colonoscopy? Colonoscopy is a procedure in which your physician examines the colon lining (large bowel) for abnormalities. This is done by inserting a flexible tube approximately as thick as your finger into the anus and advancing it slowly into the rectum and colon.

What preparation is required? The colon must be completely clean for the procedure to be accurate and complete. Your physician will give you detailed dietary instructions and restrictions, and address the cleansing routine to be used. Follow your preparation instructions carefully. If you do not, the procedure may have to be rescheduled.

What about my current medications? Most medications may be continued as usual, but some can interfere with the examination. Blood thinners and insulin are examples. .

What can be expected during colonoscopy? Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating or cramping at times during the procedure. Your doctor will medicate you through a vein to help you relax and tolerate procedural discomfort. You will be lying on your side or back while the colonoscope is advanced slowly through the large intestine. As the colonoscope is slowly withdrawn, the lining is again carefully examined. The procedure takes 15 to 30 minutes.

What if the colonoscopy shows something abnormal? If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope in order to obtain a biopsy (sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If polyps are found, they are generally removed. None of these additional procedures typically produces pain. Remember, the biopsies are taken for many reasons and do not indicate that cancer is suspected.

What are polyps and why are they removed? Polyps are abnormal growths from the lining of the colon that vary in size from a tiny dot to several inches. The majority of polyps are benign (non-cancerous) but the doctor cannot always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer.

How are polyps removed? Tiny polyps may be totally destroyed by fulguration (burning), but rather large polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, which could require emergency surgery.

What happens after a colonoscopy? After the procedure your physician will explain the results to you. You may have some cramping or bloating because of the air that is introduced into the colon during the examination.

This should disappear quickly with the passage of flatus (gas). Generally you should be able to eat after leaving the endoscopy center, but your doctor may restrict your diet and activities, especially after a polypectomy.

What are the possible complications of a colonoscopy? Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures. One possible complication is perforation or tears through the bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through colonoscope. Rarely, blood transfusions or surgery is required. Other potential risks include missed lesions, a reaction to the sedatives used and complications from heart or lung disease. Although complications after a colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than one half cup. Bleeding can occur several days after the polypectomy.

YOUR PROCEDURE

Please follow your gastroenterologist's pre-procedure instructions very carefully. Notify your gastroenterologist if you are taking any blood thinners (including aspirin), require antibiotics prior to invasive procedures, take insulin or take blood pressure medication. Also, if you have any special needs, or if you know you are pregnant or think that it is a possibility, please alert your doctor at the time you are scheduled.

Please be advised that a GEC nurse will call your home the day before the procedure. Please make sure that you are available. If you are not available, a message concerning your procedure will be left on your answering machine or with the party answering the phone **unless you inform us not to do so.**

Please bring a list of the medications you are currently taking. Please notify us anytime this information changes so that we may update your records. Because you will be receiving sedation, **you must bring a responsible adult with you to drive you home after your procedure.** You will not be allowed to drive yourself home.

If you are having an upper endoscopy, your procedure will take approximately 15 to 30 minutes. If you are having a colonoscopy, your procedure will take approximately 30 to 45 minutes. Your length of stay in the recovery area will range anywhere from 30 to 90 minutes, depending on the procedure you are having done and the amount of sedation you have received.

After Your Procedure

Following an upper endoscopy, you may experience a slightly sore throat that may be relieved with warm liquids or throat lozenges.

Following a colonoscopy, you may experience slight cramping and tenderness in the rectal area. Warm fluids and moving about will ease the cramping sensation. Applying Vaseline to the rectum will ease the tenderness. You may also take Tylenol, if necessary.

Directions

From Route 495 S (Richmond): Take exit 22A (BW Parkway) towards Baltimore. Take the next immediate exit (Rt. 193 Greenbelt NASA). Go east on 193 for 2 1/2 miles until you get to the intersection of Good Luck Rd. Turn right on Good Luck Rd. and immediately get in the left lane. Turn left into the first driveway into the complex. Continue straight and then make a left to the lower level parking lot. You will see the Greenbelt Endoscopy Center sign outside of Suite 103.

From Route 495 W (Baltimore/College Park): Take exit 23 (193 East). Veer right and follow the signs for 193 E (Greenbelt Road). At the light turn left onto 193 E. Go east on 193 for 21/2 miles until you get to the intersection of Good Luck Rd. Turn right on Good Luck Rd., and immediately get in the left lane. Turn left into the first driveway into the complex. Continue straight and then make a left to the lower level parking lot. You will see the Greenbelt Endoscopy Center sign outside of Suite 103.

From Bowie: Take 450 W. Turn right onto Route 193 W (Glenn Dale Blvd.). After you pass route 564 (Lanham-Severn Rd.) route 193 becomes Greenbelt Rd. Continue on 193 W until you get to the intersection of Greenbelt and Good Luck Rd. Make a left at the intersection and stay in the left lane. Turn left into the first driveway into the complex. Continue straight and then make a left to the lower level parking lot. You will see the Greenbelt Endoscopy Center sign outside of Suite 103.

FREQUENTLY ASKED QUESTIONS

Q: *What can I do if I still see particles or solid stool after I have completed drinking the entire prep as directed?*

A: You may drink a bottle of Magnesium Citrate that can be purchased over the counter from the grocery store or pharmacy.

Q: *What can I do if I become nauseated or begin vomiting?*

A: A few things that patients have found helpful are; chilling bowel prep solution in the refrigerator, using flavoring packs (if your prep provided this), and using a straw. If you experience nausea, stop drinking for 30 minutes and then restart.

Q: *Why can't I drive myself home?*

A: You cannot drive yourself home because you will receive sedation. If you need to use a taxi or driver service, you will still need an adult companion (18yo or older) to accompany you.

Q: *Can I have anything to eat or drink after midnight before my procedure?*

A: No, unless it is the bowel prep medication. You must not chew gum, mint, lozenges or smoke on the day of your test. You may take your heart, blood pressure, seizure or asthma medications with a small sip of water.

Q: *What can I do if I experience anal discomfort or irritation*

A: If you experience anal discomfort, you may use pre-moistened towelettes, Vaseline or Desitin to the perianal area after each bowel movement to minimize irritation.

CLEAR LIQUID DIET-DAY BEFORE PROCEDURE(24 HOURS BEFORE TEST)

*CLEAR LIQUID DIET LIST	These items are not allowed:
You may use salt, pepper and sugar	
AVOID ANYTHING COLORED RED, PURPLE OR BLUE	
Clear Broth: beef or chicken or Bouillon	Alcoholic beverage
Orange or pineapple Jell-o without fruit	Milk
Water	Yogurt
Coffee (no cream)	Cream
Tea (no cream)	Slim fast
Apple Juice	Tomato Juice
White grape juice	Cream soups
Yellow country time lemonade	Oatmeal
Sodas	Cream of wheat
Gatorade or Kool-Aid	Grapefruit juice
Popsicles or Ice slushy	Any solid food
Clear liquid supplements-citroetin, resource fruit beverage, enlive	

LOW FIBER DIET – START 3 DAYS PRIOR TO STARTING BOWEL PREP

* White bread, melba toast, waffles, french toast, pancakes, saltines, plain cakes, cookies

* White rice, pasta, peeled cooked potatoes

- * Cereals: farina, cream of rice, puffed rice, rice krispies, corn flakes, special K
- * Tender cooked or canned vegetables (without seeds), carrots, asparagus tips, pumpkin, spinach,
- * Strained fruit juice, canned fruit (except pineapple), ripe bananas, melons
- * Milk, plain or flavored yogurt, custard, ice cream, cheese, cottage cheese
- * Well-cooked tender beef, lamb, ham, veal, pork, fish, poultry, ground meats, organ meats, eggs, creamy peanut butter
- * Margarine, butter, oils, mayonnaise, sour cream, salad dressings, sugar, clear jelly, honey, syrups
- * Plain gravies, spices, cooked herbs, bouillon/broth, soups made with allowed vegetables
- * Coffee, tea

Greenbelt Anesthesia Associates
 9821 Greenbelt Road Suite 103
 Lanham MD 20706
 301-552-1801

IV Sedation is administered through an intravenous catheter to minimize any discomfort that might be experienced during the endoscopic procedure. During moderate sedation, the patient will be drowsy, and can sleep throughout the procedure. Patient can be awakened when touched or spoken to. During deep sedation, breathing can be slowed. Patient will sleep throughout the procedure until the medication wears off.

IV Sedation Agent is a combination of sedative, narcotic and propofol during your procedure. Propofol is a very fast acting anesthetic that will be administered by an anesthesia provider (CRNA). Propofol produces hypnosis rapidly, usually within 40 seconds after administration, and it will wear off very fast. The sedative will make you relaxed and comfortable during the procedure. Prior to your procedure, the anesthesia provider will evaluate your medical condition and will formulate an anesthetic plan taking into consideration your physical status.

Notify Your Anesthesia Provider immediately if you have ever had any problems with sedation or anesthesia. You have an allergy to egg yolk or soy protein. You have sleep apnea. If you have sleep apnea and you have a CPAP machine at home, bring it with you the day of your procedure. If sleep apnea is unknown, alert anesthesia provider if you snore loudly at night or if you feel tired or not rested the next morning.

What Happens During and After Sedation? As with any type of sedation, you will be monitored to ensure your safety. Your heart rate, respiration, blood pressure, oxygen level and heart rhythm will be monitored throughout the procedure and during the post procedure recovery phase. After the procedure is done, you will be transferred to the recovery room. Recovery time depends on the amount of each medication received usually between 20 to 30 minutes. By this time, you will be fully awake.

Possible Risks and Side Effects associated with anesthesia include but are not limited to worsening of a pre-existing medical problem, airway difficulties and drug reactions. Drug reactions can include rash, nausea, vomiting, muscle aches, headache, wheezing and very rarely, shock. Maintaining an airway may include placement of an oral or nasal airway, laryngeal mask airway or an endotracheal tube. Reactions to artificial airways include laryngospasm, which requires immediate corrective treatment. Manipulation of the airway may result in damage to caps, bridges or damaged teeth and very rarely to sound teeth. Some individuals may experience a sore lip, throat or hoarseness. IV catheters may cause inflammation, swelling or bleeding.

Things To Do The Day of Your Procedure: In order to receive sedation you must follow the instructions below regardless of any other instructions that you have received:

- Nothing to eat or drink after midnight. Please be advised that the procedure will be cancelled if you have eaten prior to your procedure.

- Diabetic patients: if you have symptoms of hypoglycemia (low sugar) suck on a hard candy. Do not drink juice.
- Patients that take blood pressure and heart medications, take your medicine with a sip of water early in the morning the day of your procedure.
- Patients **MUST** have a responsible person driving them home. **Public transportation such as a bus, UBER or Metro is not acceptable.** You may take a taxi as long as you have a companion riding with you.
- If you have had a heart attack less than four months from your visit, your procedure will be cancelled.
- Please feel free to ask your physician or anesthesia provider if you have any unanswered questions about the sedation you will be receiving or about your procedures.

Greenbelt Endoscopy Center Patient Payment Notice

Fees for the procedures are to be collected from the health care providers. Facilities for endoscopic procedures, anesthesia, pathology and lab tests will be billed separately.

Fees are broken down as follow:

- Physician Fee from your physician practice;
- Facility Fee from Greenbelt Endoscopy Center;
- Anesthesia Fee, if any, from Greenbelt Anesthesia Associate;
- Pathology Fee from the laboratory, if tissue samples are obtained from the procedure; and
- Any outstanding balance from your previous visits.

Health Insurance Plan Coverage

Today's health insurance plans are complicated and confusing. There are so many different calculations and methodologies used to determine the monthly premium. Generally speaking, the lower the monthly premium; the higher the 'out-of-pocket' will be for the patients. To prevent unnecessary unpleasant events, patients should understand their selected health plan coverage before making their choice of health care.

Most insurance policies have a co-insurance, deductible and co-payment and your portions of the cost depend on your insurance benefits.

“Deductible” in an insurance policy, is the amount of expenses that must be paid out of pocket by the insured/patient before the insurance company will pay any expenses. For example, if you have a \$5,000 deductible and you have not spent up to \$5,000, you will be responsible for any medical expenses up to \$5,000. Thereafter, your insurance company will start to pickup all or portion of any medical expenses.

“Co-insurance” is when the insurance company and the insured/patient share costs incurred after the deductible is met. Co-insurance is usually based on the percentage set within your benefits. For example, if you have a 90-10 insurer-insured co-insurance, after your deductible is met and you incurred in additional \$500 medical expenses, you will be responsible for a co-insurance payment of \$50, and your insurance company will be responsible for \$450.

“Co-Payment” or “Co-pay” is a fixed dollar amount that the insured/patient is to pay each time a medical service is accessed. It must be paid before the policy benefit is payable by the insurance company. For example, if you have a co-payment of \$25 per visit to see your physician, whether or not your deductible is met, you will require to pay \$25 each time you have an appointment with your physician.

We ask that all co-insurance, deductible and co-payment of the facility and anesthesia fee, if any are to be paid at the time of service. We accept payments by cash, VISA, MasterCard, Discover and American Express.

Please call your insurance company to confirm your insurance benefits immediately after you schedule your appointment. Call the number listed on the back of your insurance card, ask for Member Service Department. Check your plan coverage benefit for the planned procedures, screening colonoscopy benefit and any remaining deductible balance.

A staff from our billing department will contact you for your payment information before the scheduled procedure date. You are encouraged to discuss any payment questions with our billing team as early as possible. They can be reached at 301-552-1801, Ext 120 or Ext 121.

Screening vs. Diagnostic vs. Surveillance Colonoscopy

Colonoscopy Categories:

The Affordable Care Act allows for several preventive services, such as colonoscopies, to be covered at no cost to the patient. However, there are strict guidelines used to determine which category of colonoscopy can be defined as a preventive service (screening vs. diagnostic). These guidelines may exclude those patients with a history of gastrointestinal issues from taking advantage of the procedure at no cost. In cases like these, patients may be required to pay co-insurance, deductibles and/or co-payments.

Although your primary care provider may refer you for a “screening” colonoscopy, you may not qualify for the “preventive colonoscopy screening” category.

- **Diagnostic/Therapeutic Colonoscopy** – Patient has present gastrointestinal symptoms, colon polyps or gastrointestinal disease, such as abdominal pain, constipation, diarrhea, blood in stool, anemia, bleeding, requiring evaluation or treatment by colonoscopy.
- **Surveillance/High Risk Colonoscopy** – Patient is asymptomatic (no present gastrointestinal symptoms) and has a personal history of gastrointestinal disease (such as diverticulitis, Crohn’s disease or ulcerative colitis), colon polyps and/or cancer. Patient in this category are required to under colonoscopy surveillance at shortened intervals.
- **Preventive Colonoscopy Screening** – Patient is asymptomatic (no present gastrointestinal symptoms), is 50+ years old or 45, if individual has a family history of colon cancer from the blood related family, and has no personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category have not undergone a colonoscopy within the last 10 years.

Screening colonoscopy – if the health plan offers screening benefits, it will be covered at no cost to the patient.

Diagnostic or surveillance colonoscopy - patients may be required to pay co-insurance, deductibles and/or co-payments.

To determine the category of your colonoscopy and approximate insurance benefits, please do the following steps:

1. Self evaluation question:

- Did you report to the physician any of the GI related issue such as abdominal pain, bleeding, diarrhea or constipation, history of colitis, polyp or colon cancer? **If Yes , this is diagnostic colonoscopy. If No , this is screening colonoscopy**

2. Call your insurance company and verify your benefits and coverage by asking the following questions:

- Is **colonoscopy** (apply the answer from step 1) covered under my policy? Yes No
- If my procedure will be a preventive (screening) procedure, are there age or frequency limitations for my colonoscopy? (e.g., one every ten years over the age of 50, one every five years for a family history of colon cancer beginning at age 45, etc.) Yes No
- If the provider removes a polyp or takes a biopsy, will this change my out-of-pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medical benefit, which means more out-of-pocket expenses. Carriers vary on this policy.)
Yes No