

## Colonoscopy - Sutab

Your procedure is scheduled on: \_\_\_\_\_(Date)

Please check in at the Reception desk at \_\_\_\_\_. Your procedure is scheduled for \_\_\_\_\_.

### **Pre-Procedure Information:**

- ✓ **Harmony Surgery Center is located at:**  
2127 East Harmony Road, Suite 200  
Fort Collins, CO 80528  
Scheduling: (970) 297-6367  
If you need directions to our facility, please visit our website at [www.harmonyasc.com](http://www.harmonyasc.com)
- ✓ **Please Remember:**
- ✓ **You must have a driver to take you home. Your driver will need to be 18 years of age or older and must be willing to sign you out as your responsible party. You will not be permitted to drive or take a cab home after the procedure. You are not allowed to drive until the next day. If you do not have a driver your appointment will be cancelled.**
- ✓ Please leave all jewelry and valuables at home.
- ✓ Please bring your **Insurance Card** and a **Photo ID** (driver's license, passport or military ID).
- ✓ If you need to cancel or reschedule your procedure for any reason, please call our scheduling department at 970-297-6367. If you cancel with less than a 72-hour notice before your procedure you may be charged a \$300.00 cancellation fee.

### **General Information:**

- ✓ The laxative will cause diarrhea. Good visualization of the colon depends on adequate colon cleaning.
- ✓ If you are unable to complete your prep, notify Harmony Surgery Center at 970-297-6367. If you have an urgent request after hours, please call 970-207-9773 and the gastroenterologist on-call can assist you.
- ✓ Take your medications as you normally would up until 4 hours before your procedure.

## Colonoscopy Consent Form

### **Informative copy only – please do not fill out**

I, \_\_\_\_\_ permit Dr. \_\_\_\_\_ and any other assistant needed in performing the procedure my doctor has recommended. The procedure my doctor has recommended is a COLONOSCOPY which is defined below and may include any of the following:

Colonoscopy: Examination of the large intestine with a flexible tube which is passed through the anus.

Biopsy: Removal of small pieces of tissue from within the intestine for analysis.

Polypectomy: Removal of small growths from within the intestine.

Hemorrhoid Ligation: Endoscopic ligation of internal hemorrhoids

**Benefits** of a colonoscopy include but are not limited to the following: The lining of the colon is surveyed for inflammation, tumors, polyps, blockage from post-surgical colon stricture, and bleeding sites. Pre-cancerous polyps can be removed before they turn into colon cancer.

**Alternatives** to colonoscopy include: Doing no testing, the colon being alternatively viewed by barium enema x-ray and if abnormal one would require a colonoscopy, polyps may be removed through a surgical procedure.

**Risks** associated with a colonoscopy:

1. These are very accurate procedures, but as with any medical test, there is a small chance of missing something (polyps and/or cancer).
2. Possible rare complications associated with Colonoscopy include:
  - Perforation (making a hole) in the colon or intestine, which would require admission to the hospital and surgery for the correction of the perforation.
  - Bleeding (either immediate or delayed a few weeks) particularly if a biopsy is taken or a polyp is removed.
  - Heart or lung problems, aspiration, pneumonia.
  - Reaction (allergy) to medications.
  - Infection
  - Extremely low risk of injury to the spleen during a colonoscopy.
  - Hemorrhoid ligation: Pain, bleeding, urinary symptoms, edema, tissue ulceration and band dislodgement
3. Any procedure which involves anesthesia/sedation has some risks.

I consent to the administration of intravenous medications during this procedure. The primary intent of administering this medication is to produce a state of relaxation while still being able to breath easily, swallow, answer questions and follow simple commands. You may lose consciousness and possibly be fully or partially immobilized. Recall of events during this procedure may also occur. The administration of medication carries some risk of complication. Few complications occur, most are minor and last only a short time. Some of the complications that rarely occur are: over sedation, low blood pressure, slow or ineffective breathing, pneumonia, and prolonged recovery time. Should any complication arise, both the physician directing the administration of these medications and the anesthesia provider who are with you are prepared and trained to intervene with the necessary treatment.

It has been explained to me that during the course of the procedure, unforeseen conditions may be revealed that necessitate an extension of the initial procedure or a different procedure than set forth above. I therefore authorize and request the above named physician or his designated consultants perform such procedures that are in his judgment necessary and desirable.

I consent to the study and retention or disposal of tissue parts that may be removed during the above procedure.

I consent to the presence of observers in the operating room, such as students, medical residents, medical equipment representatives, or other appropriate parties approved by my physician(s). Medical students may participate in my surgical care under the direct supervision of my physician(s).

I consent to the taking of photographs (including motion pictures) and the preparation of drawings and similar illustrated graphic material, and I also consent to the use of such photographs and other materials for scientific purposes in accordance of this institution.

Your physician and anesthesia provider are not employees of the Center; they are agents of you. The Surgery Center is responsible for and provides supportive nursing and procedural services. The Surgery Center is not responsible for actions of the physician or anesthesia provider.

I have had sufficient opportunity to discuss this procedure with Dr. \_\_\_\_\_ and I understand the nature of the procedure, the possible benefits, risks (including need for surgery), and alternatives listed.

## Sutab – Colonoscopy Prep

**Please read the following instructions carefully at least 7 days before your scheduled procedure.**

**It is absolutely necessary that you complete the following instructions, with no changes, unless specified by your physician.**

TIMELINE	What YOU Need to Do	Comments
<b>7 days</b> before procedure	<ul style="list-style-type: none"> <li>▪ <b>Avoid ALL Nuts, seeds, corn, and RAW green vegetables</b></li> <li>▪ Arrange for a responsible adult to drive you to the facility on the day of your procedure</li> <li>▪ <b><u>IF YOU TAKE BLOOD THINNER PRODUCTS:</u></b> Follow the instructions for your blood thinner products as you were directed by your GI physician, cardiologist, or prescribing physician.</li> <li>▪ <b><u>IF YOU TAKE INSULIN PRODUCTS OR ORAL DIABETES PILLS:</u></b> Contact your physician to obtain specific directions for dosages on the day before and day of your procedure.</li> </ul>	<p><b>You will need a responsible adult to drive you home from the procedure. It is the facilities policy to cancel the procedure if you do not have a ride home.</b></p>
<b>5 days</b> before procedure (or as soon as it is ordered)	<ul style="list-style-type: none"> <li>▪ Go to the pharmacy and pick up your prescribed SUTAB prep</li> </ul>	
<b>1 day</b> before procedure	<ul style="list-style-type: none"> <li>▪ <b>BREAKFAST:</b> You may have a <b>light</b> breakfast. <b>This MUST be completed by 9AM.</b></li> <li>▪ Choose from <b><u>ONE</u></b> of the following:             <ul style="list-style-type: none"> <li>○ White bread/toast <b><u>OR</u></b></li> <li>○ Rice cereal <b><u>OR</u></b></li> <li>○ Cream of wheat <b><u>OR</u></b></li> <li>○ Eggs</li> </ul> <p><b>You may also have the following:</b></p> <ul style="list-style-type: none"> <li>○ Milk</li> <li>○ Juice (no red, blue, or purple)</li> </ul> </li> <li>▪ <b>After 9am and until AFTER YOUR PROCEDURE, do not eat anything and drink only clear liquids</b> (no red, blue, or purple). Clear liquids include:             <ul style="list-style-type: none"> <li>▪ Water &amp; Tea</li> <li>▪ Plain coffee, no creamer or milk</li> <li>▪ Clear juices such as apple or white grape juice</li> <li>▪ Lemonade from powdered mix</li> <li>▪ Kool Aid or Crystal Light</li> <li>▪ Clear Soda (7-Up, Sprite, Ginger Ale)</li> <li>▪ Gatorade/PowerAde</li> <li>▪ Fat free broth/ bouillon/ consommé</li> <li>▪ Plain/flavored gelatins (<b>no fruit added</b>)</li> <li>▪ Italian ices, sorbet, popsicles</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>BREAKFAST MUST BE COMPLETED BY 9AM</b></li> <li>▪ <b>CLEAR LIQUIDS ONLY AFTER 9AM</b></li> </ul>

**SEE REVERSE FOR ADDITIONAL PREP INSTRUCTIONS**

TIMELINE	What YOU Need to Do	Comments
<p><b>1 day before your procedure at 4:00PM</b></p>	<ul style="list-style-type: none"> <li>▪ <b>Begin first dose of prep</b> <ol style="list-style-type: none"> <li>1. Open 1 bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line).</li> <li>2. Swallow each tablet with a sip of water over 15-30 minutes and <b>drink the entire amount of water</b></li> <li>3. One hour after the last tablet is ingested, fill the provided container with 16 ounces of water and drink the entire amount over 30 minutes</li> <li>4. 30 minutes after finishing the second container of water, refill the provided container with 16 ounces of water, and drink the entire amount over 30 minutes</li> <li>5. <b>Continue with clear liquids for the rest of the evening</b></li> </ol> </li> </ul>	<p><b>It is very important that you drink the required water in steps 2-4</b></p> <p>Stay close to a restroom. You may use baby wipes or A&amp;D ointment to alleviate discomfort from your prep.</p>
<p><b>DAY OF PROCEDURE: SEVEN hours' prior before check-in time</b></p> <p>(For example, if you are to check-in at 7:15am, you will need to get up at 12:15am and start taking the 2<sup>nd</sup> bottle of tablets.)</p>	<ul style="list-style-type: none"> <li>▪ You may take your medications as instructed (especially heart and blood pressure) up to 4 hours prior to checking in for your procedure.</li> <li>▪ <b>Repeat steps 1-4 from above for second dose using the 2<sup>nd</sup> bottle of 12 tablets</b></li> <li>▪ Follow specific directions given by your physician regarding insulin, oral diabetic pills, and blood thinners.</li> <li>▪ <b>After that, stop all fluids.</b></li> <li>▪ <b>Nothing by mouth, including gum, mints, and candy starting 4 hours prior to your procedure until after your procedure is complete.</b></li> </ul>	<p><b><u>DO NOT take any medications after completing your 2<sup>nd</sup> dose of prep.</u></b></p> <p>Your bowel movements will turn watery and -toward the end of the prep-will appear yellow or clear. If the bowel movement is <b>NOT YELLOW OR CLEAR</b>, notify the pre-op nurse when you arrive at the facility.</p>
<p><b>Appointment time</b></p>	<ul style="list-style-type: none"> <li>▪ Arrive at your appointment check-in time with your responsible adult driver (see page 1).</li> </ul>	<p>For your safety, your procedure will be cancelled if you do not have a ride home arranged.</p>



2127 E Harmony Rd. Ste. 200  
Fort Collins, CO 80528

Front Desk: 970-297-6300  
Scheduling line: 970-297-6367  
Nurses line: 970-297-6303

## ***Important Billing Information...***

As you prepare for your procedure, we want to make sure you understand how you will be billed for the services you receive. At a minimum, you will receive three separate bills. Depending on your specific procedure, you may also get additional bills.

### ***Billing Sources...***

- **Surgery Center's Bill:**

You will get a bill from us for what is known as the facility fee. This fee is for the staff, supplies, equipment and medications we provide for your safe and successful experience here.

- **Surgeon's Bill:**

Since the physician performing your surgery is not an employee of the Center, you will be billed separately for these services. The physician's bill will be sent from the physician's office.

- **Anesthesia Bill:**

The anesthesia you receive during your procedure will be supervised by an Anesthesiologist and provided by a Certified Registered Nurse Anesthetist and you will be monitored throughout the procedure. Please call 970-224-2985 if you have questions regarding anesthesia.

**Other Bills:** Depending on several factors related to your procedure, you may receive services and additional bills which may include:

- **Laboratory Bill:** May include fees for blood or urine tests.
- **Pathology Bill:** - May include testing of any tissue samples taken during the procedure. Pathology results will be available from your physician's office **7-10** days after your procedure.

### ***Colonoscopy Guidelines to Keep in Mind...***

The Affordable Care Act passed in March 2010 allowed for several preventative services, such as colonoscopies, to be covered at no cost to the patient. However, there are many caveats that prevent patients from taking advantage of this provision. There are now strict guidelines that explain which colonoscopies are defined as a preventative service (screening). These guidelines may exclude many patients with gastrointestinal histories from taking advantage of the service at no cost. Patients may be required to pay co-pays and deductibles. In addition, an inadequate bowel prep may result in additional charges.

#### **Diagnostic/therapeutic colonoscopy**

Patient has past and/or present gastrointestinal symptoms, polyps, or gastrointestinal disease. This may equate to patient copay, deductible or coinsurance.

#### **Surveillance Colonoscopy**

Patient is asymptomatic (no gastrointestinal symptoms), has a personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at varying ages and intervals based on the patient's personal history. Surveillance colonoscopy is performed to monitor the potential risk of reoccurrence of the condition/disease. This may equate to patient copay, deductible or coinsurance.

#### **High Risk Screening Colonoscopy**

Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a family history of gastrointestinal disease, colon polyps, and/or cancer.

#### **Preventive Colonoscopy Screening**

Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 45, has no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

#### **Can a diagnosis or procedure code be changed, added, or deleted so that I may be considered a screening procedure?**

**No.** Often insurance representatives will tell a patient that if only the claim was coded with a "screening" diagnosis it would have been covered at 100%. However, the "screening" diagnosis can only be amended if it applies to the patient. Many insurance carriers only consider a patient over the age of 45 with no personal or family history as well as no past or present gastrointestinal symptoms as a "screening" (Z12.11). However, if any polyps are found and removed the procedure may then become diagnostic. Furthermore, the patient encounter is documented as a medical record from 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. Please understand there are strict government, insurance company and coding guidelines against altering a chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law.

Our staff will do their very best to help you with questions and guide you to the proper sources of information. Please contact your insurance company in advance to verify network status, benefits and facility coverage. If you have any questions about this information, please contact us at (970)297-6449, (970)297-6435 or (970)297-6454. Thank you!

# Are you having a colonoscopy? This guide will help answer some basic billing questions

