Procedure Date:	
ARRIVAL TIME:	
Procedure Time:	
Physician:	
Failure to arrive at the scheduled **ARRIVAL TIME** will result in cancellation of your procedure	

Endoscopic Retrograde Cholangiopancreatography (ERCP) Preparation Instructions

Location
HCA Florida North Florida Hospital Endoscopy Center
6500 W. Newberry Road
Check in at Admitting Office on 1st Floor
Phone: 888-821-1632

Medications

If you take medications for heart, stomach, blood pressure, seizure, depression, or nerves continue taking them as prescribed.

Blood thinners will need to be held for___ days prior to your procedure. We will contact the doctor who prescribed it for approval to temporarily stop the medication.

Herbal Medications, Multivitamins, Vitamin E, Iron Supplements, Fiber (Metamucil, Fibercon), and Fish Oil should be **held for 5 days** before your procedure.

Phentermine (Adipex-P or Lomira), Amphetamine (Adderall), Lisdexamfetamine dimesylate (Vyvanse) should be **held for 7 days** before your procedure.

If you take the following medications for weight loss or diabetes:

GLP-1: Exenatide(Byetta), Liraglutide(Victoza), Albglutide(Tanzeum), Dulaglutide(Trulicity),Lixisenatude(Adlyxin)Semaglutide(Ozempic, or Wygovy), Tirzeptatide(Mounjaro or Zepbound) MUST be held for **1 week** before your procedure. Rybelsus Must be held **1 day** before your procedure. You also **MUST be on clear liquids the day before your procedure.**

SGLT2: Empagliflozin(Jardiance), Canagliflozin(Invokana), Dapagliflozin(Farxiga), Bexagliflozin(Brenzavvy), Synjardy (empagliflozin/metformin) or Januvia(Sitagliptin) **MUST be held for 3 days before your procedure.**

Ertugliflozin(Steglatro) **MUST be held for 4 days before your procedure.**

All Other Diabetic Medications:

Day Before Procedure—Take 1/2 dose of your medication **Day of Procedure—**Do not take your medication

Checklist

- ☐ Driver, 18 years or older to drive you home (you cannot take a taxi, public transit, or transport van home, you will be woozy from medication). The responsible party must remain on the premises.
- ☐ Photo ID (License or other form of ID)
- ☐ Insurance Cards
- ☐ Funds for the **FACILITY** deductible or co-payments (credit card, check, etc.). This is not for the Physician performing the procedure.
- ☐ Updated list of all medications
- ☐ Remove all piercings
- ☐ Other: _____

If you have a change in your health history or develop cold or flu-like symptoms prior to your procedure, it is possible your procedure will need to be rescheduled. Please notify Digestive Disease Associates Procedure Scheduling Department: (352) 331-8902.

SEE BACK OF PAGE for continued instructions

Day Before your procedure

1. If you take a GLP-1 begin a clear liquid diet today. You should not eat any solid food today
2. If you do not take a GLP-1 continue your usual diet, until midnight.
3. **NO FOOD AFTER MIDNIGHT**

Day of your procedure

1. CLEAR LIQUIDS are allowed up to 4 hours prior to your procedure (see list below)

DIABETIC Patients: Do not take your morning dose of insulin or anti-diabetic pills today.

If you take medication for your heart, stomach, blood pressure, seizure, depression, or nerves, take your normal dose with a sip of water at least 4 hours before your scheduled time.

Clear Liquid Diet

YES	NO
Clear Drinking Water, Clear Fruit Juices (no pulp), Clear Broths (no particles), Clear Sodas, Electrolyte Drinks, Tea, Coffee (no creamer), Dairy Free Popsicles, Jell-O	Colored or Dyed water (i.e. red); Orange Juice; Grapefruit Juice; Tomato Juice; Soups/Broths with particles; Cherry Sodas (i.e. Cherry Coke); Red Electrolyte Drinks; Tea or Coffee w/creamer; Popsicles w/red dye, cream or fruit; Cows Milk; Non-dairy Milk; Red Jell-O

You should have NOTHING BY MOUTH for 4 hours before your procedure. Do not drink or eat anything, including clear liquids, gum, or mints.

Digestive Disease Associates requires a 72-hour notice for changes in your scheduled procedure appointment to avoid a $150 fee. All changes and cancellations must be made through Digestive Disease Associates Procedure Scheduling Department: (352) 331-8902 and select the Option for Procedure Scheduling.

INFORMATION REGARDING ESOPHAGOGASTRODUODENOSCOPY

BRIEF DESCRIPTION OF PROCEDURES: An Esophagogastroduodenoscopy (EGD), or upper endoscopy, is a minimally invasive, outpatient procedure used to examine the lining of the upper gastrointestinal tract, specifically the esophagus, stomach, and duodenum (first part of the small intestine). A gastroenterologist inserts a flexible, lighted camera tube (endoscope) through the mouth to diagnose conditions like ulcers, cancer, celiac disease, or inflammation.

EGD (Esophagogastroduodenoscopy) is the examination of the esophagus, stomach and duodenum.

ESOPHAGEAL DILATION is the stretching of a narrowed portion of the esophagus with a dilator.

ANESTHESIA is the medication administered to achieve a level of moderate to deep sedation as deemed necessary by a nurse anesthetist and physician.

THE PROCEDURE — The endoscopy will be performed with you lying on your back. Medications will be administered through the intravenous line and oxygen will be delivered into your nose. Blood pressure, breathing, and heart rhythm will be monitored. During upper endoscopy a plastic mouth guard will be placed between your teeth to prevent damage to your teeth and the scope.

ALTERNATIVES: Possible alternatives vary from each patient, as some alternatives may be inappropriate for a number of reasons. However, potential alternatives include X-rays, CT (virtual colonoscopy), surgery, no examination, or other alternatives that have been explained to you.

POSSIBLE RISK AND COMPLICATIONS: These vary in frequency among different procedures but may include:

- Abdominal Pain
- Injury to the lining of the intestinal tract may result in a hole (perforation) of the wall
- Reaction to medication used for anesthesia, including cardiopulmonary arrest (stopping of heartbeat or breathing)
- Fever
- Vomiting
- Irregular Heart Beat
- Infection
- Pneumonia
- Dental damage
- Bleeding
- Irritation in vein at site of the IV line
- Death

You should understand that the doctor cannot tell you about every possible risk, alternative, complication or side effect, but we did discuss the major ones.. The practice of medicine is not an exact science. No guarantees have been made to you concerning the results of the procedure.

RECOVERY — After the endoscopy, you will be kept for a time for observation while some of the medicine wears off. The most common discomfort after the examination is a feeling of bloating from the air introduced during the examination, which resolves quickly. You may be allowed to drink liquids during recovery. The medicines leave many patients feeling tired afterwards or they may have difficulty concentrating, so you cannot return to work that day.

The endoscopist can usually tell you the results of your examination before you leave the endoscopy unit. If biopsies have been taken or polyps removed, you will be instructed to call back for results. Tissue that has been removed is sent to a laboratory for analysis and it may take several days for a report to be completed.

AFTER ENDOSCOPY — Though patients worry about the discomfort of the examination, most people tolerate it very well and feel fine afterwards. Some fatigue is common after the examination, and you should plan to take it easy and relax the rest of the day.

You should contact your doctor about the results of your test if you have any questions and especially if biopsies were taken. The endoscopy team can give you some guidelines as to when your doctor should have all the results and whether further treatment will be necessary.

The following symptoms should be reported immediately:

- ***Severe abdominal pain (not just gas cramps)***
- ***Firm or distended abdomen, vomiting, fever***
- ***Difficulty swallowing/severe sore throat,***
- ***Crunching feeling under the skin,***
- ***Rectal bleeding more than a few tablespoons.***

Pathology:

Digestive Disease Associates of North Florida ("DDA") has established a state-of-the-art pathology lab ("DDA Pathology Lab"). Your physician has chosen to use the DDA Pathology Lab for any specimens taken during your procedure. By using the DDA Pathology Lab, we can streamline patient care, reducing turn-around time in providing results to you and your Primary Care Physician. In using the DDA Pathology Lab there is no need for transporting the specimen outside of the building. Our Pathologist is available daily to review slides and provide your Gastroenterologist physician with an expert interpretation.

Our Pathology Lab, located within the DDA clinic, is specialty focused in Gastroenterology ("GI"), interacting with only the DDA physicians. This allows our practice to deliver the high quality expected in the interpretation of your pathology.

Patients frequently have questions regarding their lab or pathology bills. DDA participates in many local and national insurance plans. If for any reason your insurance falls outside our participating insurance carrier list, we will accept your insurance carrier's "out of network" payment along with your "in-network" co-payment, co-insurance, and deductible as payment in full. **If you request that your pathology be sent to the "in network" lab, we will accommodate your request.**

If you have biopsies taken during your procedure, you should hear within 10 business days regarding the results. If not, you should call the office to get your results.

What You Will Owe

For an **Endoscopic Retrograde Cholangiopancreatography (ERCP)**, coding depends heavily on **what was actually performed** during the procedure—not just the scope itself. ERCP codes are found in the **CPT 43260–43278 range**. If a biopsy is taken there will be a different CPT billed along with Pathology codes, billed under our Pathologist. If strictures need treatment, the esophageal dilation code will be billed.

- **43260** – ERCP; diagnostic, including specimen collection (if performed)

Biliary/Pancreatic Duct Work

- **43261** – ERCP with biopsy (single or multiple)
- **43262** – ERCP with sphincterotomy/papillotomy
- **43263** – ERCP with balloon dilation of ampulla or duct
- **43264** – ERCP with removal of stones/debris (balloon or basket)
- **43265** – ERCP with lithotripsy (mechanical)

Stent Placement / Management

- **43266** – ERCP with stent placement (biliary or pancreatic duct)
- **43267** – ERCP with stent removal
- **43268** – ERCP with stent exchange

Imaging / Injection / Other Interventions

- **43269** – ERCP with endoscopic cannulation of papilla with radiologic supervision/interpretation
- **43270** – ERCP with ablation (e.g., tumor)
- **43271** – ERCP with dilation of stricture(s) of biliary/pancreatic duct
- **43272** – ERCP with destruction of calculi (electrohydraulic or laser)
- **43273** – ERCP with cholangioscopy or pancreatoscopy
- **43274** – ERCP with placement of nasobiliary drainage tube
- **43275** – ERCP with removal of foreign body
- **43276** – ERCP with biopsy and additional intervention
- **43277–43278** – Advanced combinations (less commonly used; payer-specific scrutiny

Who will bill me? You WILL receive bills for separate entities associated with your procedure. Digestive Disease Associates will bill for the physician performing the procedure(s). The facility, HCA North Florida Hospital, will bill for the facility fee for the procedure room, anesthesia, and imaging & pathology (if needed)

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 your preoperative CPT and Diagnosis codes.)

1. Is the procedure covered under my policy? **Yes** _____ **No** _____

2. What is my cost for this/these codes?

   Deductible: _____ Coinsurance Responsibility: _____

3. If the physician takes a biopsy, will this change my out-of-pocket responsibility?

   N**o** _____ **Yes** _____ How much will I owe for the biopsy? $_____

4. Is the Facility in Network: **Yes**_____ **No** _____ What is my out of pocket cost for the facility?

   Deductible: _____ Coinsurance Responsibility: _____ Copay: _____

Insurance Representative Name _____Call Reference# _____

Need an estimate: Email billing@gainesvillegi.com, provide your account number, name, and date of your procedure. The request will be fulfilled within 48 hours. We offer payment plans and partner with CareCredit to assist with the cost.

By Law, you must request an estimate unless you are Self-Pay or your plan is Out of Network.

To obtain an estimate for your out of pocket costs for the **FACILITY**, please call 888-334-3868