QUESTIONS? NEED TO CHANGE YOUR DATE?: PROCEDURE SCHEDULING: 352-331-8902 Option 4
8:00 AM -4:30 PM Monday –Friday or 352-331-8902, Option 0 after hours
For calls made after 4:30 PM leave a message with the answering service and you will receive a call back the next business day.

Flexible Sigmoidoscopy (Magnesium Citrate) Instructions

Use this guide to help you prepare for your procedure appointment.
Read the entire guide before beginning.

Procedure Date:	**Physician: Dr.**
Arrival Time:	**Procedure Time:**

Procedure scheduled at:

☐ North Florida Endoscopy Center
6400 W. Newberry Road, Suite 201
Medical Arts Building
Phone: 352-333-5925

☐ Endoscopy Center at North Florida Regional Medical Center
6500 W. Newberry Road, Check in the Admitting Office on the 1st Floor
888-821-1632

How do I use this guide?

Read the entire guide at least one week before your procedure. Some steps in this guide begin up to one week before your appointment. If you haven't read through the guide at least one week in advance, call your physician. Preparing for your colonoscopy is very importaint. If you have questions, remember that we're here to help.

If you don't follow all the steps listed here, your procedure may be cancelled.

What does this guide cover?

Digestive Disease Assocaites 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 at 352-331-8902.

5 days before your procedure

Follow instruction for medications and conditions below. Fill out the check-boxes below to help you keep track of your progress.

Blood Thinners such as Plavix, warfarin (Coumadin), Eliquis, Xarelto or Lovenox

- ❑ We will contact your doctor who prescribed the blood thinner medication to get approval to temporarily stop your medication for _____ days before your procedure.

Fish Oil and Iron should be held for 5 days prior to your procedure

You may continue to take

- ☑ All other medications as directed
- ☑ Acetaminophen (Tylenol)
- ❑ Aspirin (81 mg)
- ❑ Other:_____

If you are taking any of the following medications:

GLP-1 Medications: (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 (hold 1 day before). You also **MUST be on clear liquids the day before your procedure.**

SGLT2 Medication: Empagliflozin(Jardiance), Canagliflozin(Invokana), Dapagliflozin(Farxiga), Bexagliflozin(Brenzavvy), or Januvia(Sitagliptin) **MUST be held for 3 days before your procedure.**
Ertugliflozin(Steglatro) **MUST be held for 4 days before your procedure.**

Pick up your medication from the pharmacy.

- ❑ Purchase Two (2) – 10 oz. Bottles of Magnesium Citrate

Follow special instructions if you have any of these conditions:

Diabetes Patients

- ❑ Continue medication as prescribed

Implanted cardio defibrillator patients

- ❑ We will contact your cardiologist for a letter stating your defibrillator has been checked within the last 12 months.
- ❑ If you have not had a visit with your cardiologist in the last 12 months, you will need to be seen prior to your procedure.

Pacemaker Patients

- ❑ We will contact your cardiologist for a letter stating your pacemaker has been checked within the last 12 months.
- ❑ If you have not had a visit with your cardiologist in the last 12 months, you will need to be seen prior to your procedure.

Cardiology

- ❑ If you have been seen by a cardiologist in the last 6 months, notify procedure scheduling at 352-331-8902 Option 4

The Day before your procedure:

DIABETIC PATIENTS: Take one-half dose of your diabetic medication, at your normally scheduled time(s)

You will have a:

- Regular breakfast.
- Regular lunch.

After lunch, you will be on a clear liquid diet (see below). No solid food after 1:00 PM

You will continue on clear liquids until 4 hours before your procedure tomorrow.

CLEAR LIQUIDS are allowed up to 4 hours prior to your procedure.

A liquid is considered clear if you can read a newspaper through the glass.

- ☑ water
- ☑ plain tea & coffee
- ☑ carbonated beverages
- ☑ Gatorade, PowerAde, G2

JUICES

- ☑ white cranberry
- ☑ apple
- ☑ white grape
- ☑ filtered limeade, lemonade

SOUPS

- ☑ clear broth, consume

DESSERT

- ☑ gelatin
- ☑ water ices, popsicles
- ☑ clear sorbets (non-dairy)

At 5 PM: Drink one bottle of Magnesium Citrate (this is the first half of the laxative prep. See instructions on the next page for the second half of the laxative prep)

The Day of your procedure

At _____(6 hours before your procedure time)
Drink one bottle of Magnesium Citrate

Diabetic patients: Do not take your anti-diabetic pills today. If you are on insulin, take ½ of your normal insulin dose.

Bring a list of ALL your medications with you to your procedure.

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

CLEAR LIQUIDS are allowed up to 4 hours prior to your procedure.

A liquid is considered clear if you can read a newspaper through the glass.

- ☑ water
- ☑ plain tea & coffee
- ☑ carbonated beverages
- ☑ Gatorade, PowerAde, G2

JUICES

- ☑ white cranberry
- ☑ apple
- ☑ white grape
- ☑ filtered limeade, lemonade

SOUPS

- ☑ clear broth, consume

DESSERT

- ☑ gelatin
- ☑ water ices, popsicles
- ☑ clear sorbets (non-dairy)

Checklist

Use this checklist to help you remember everything you need to bring with you today.

- ❑ A friend or relative over 18 years old to drive you home (you cannot take a taxi or public transit home; you will be woozy from medication). The responsible party must remain on hospital grounds. You must not drive for 16 hours after the procedure.
- ❑ Photo identification (license or other form of ID)
- ❑ Insurance cards
- ❑ Funds for deductible or co-payments (credit card, check etc.)
- ❑ Remove ALL piercings
- ❑ Other_____

INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY

BRIEF DESCRIPTION OF PROCEDURES: Gastrointestinal Endoscopy is the examination of the digestive tract with lighted instruments. At the time of the examination, the inside lining of the G.I. tract will be inspected thoroughly and may be photographed. A small portion of tissue may be removed for microscopic study (biopsy), or the tissue may be brushed or washed to collect cells for a special study. Polyps may be removed. A narrowed portion of the digestive tract can be stretched or dilated to a more normal size.

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.
FLEXIBLE SIGMOIDOSCOPY is the examination of the anus, rectum, and left lower colon.
ENTEROSCOPY is the examination of the small intestine.
COLONOSCOPY is the examination of the entire colon (large intestine)
POLYPECTOMY is the removal of small growths called polyps, with use of a wire loop and electric current or a cold forceps.
BANDING is the application of tiny bands to an area to reduce the risk of bleeding.
INJECTION THERAPY is the injection of a medication or solution to treat or mark an area.
BRAVO is the temporary placement of a capsule in the lower esophagus to record pH acid levels. The capsule will pass out of the G.I. tract naturally, usually within a week.
HEMWELL is a treatment for internal hemorrhoids, using a low-grade direct current applied to the base of the hemorrhoidal tissue.
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 left side. 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. During colonoscopy a rectal exam will be performed.

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, stool tests for blood, Cologuard for screening, 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)
- Rectal Pain
- Rare possibility of a ruptured spleen
- 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. The miss rate of colonoscopy ranges in various studies between 5% - 10%. Quality and accuracy of the exam is greatly enhanced by proper bowel cleansing. If bowel preparation is sub-optimal you may be advised to return for a repeat exam within a short time interval.

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 discomforts 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. 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.

Updated 10/19/2022

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.
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 is 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 no 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.

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 are able to 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 any billing questions, you can contact our billing office at (352) 756-4068

Flexible Sigmoidoscopy Notification Statement: Know What You Will Owe

CPT (Procedure Code):45331 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 Flexible Sigmoidoscopy:** Diagnosis_____
Patient has past and/or present gastrointestinal symptoms, polyps, GI disease or anemias.
OR
❑ **Surveillance/High Risk Flexible Sigmoidoscopy:** 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).
OR
❑ **Preventive Screening Flexible Sigmoidoscopy:** 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 your 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: _____Is the Facility in Network: **Yes**_____ **No** _____

   Preventative/Wellness/ Routine Flexible Sigmoidoscopy Screening 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** _____

Insurance 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.

In addition to the facility fee, you will receive a bill from Digestive Disease Associates. This will include fees for Anesthesia, Procedure and Pathology (if biopsies are taken). Questions? Contact our Billing office at 352-756-4068