



## Colonoscopy Instructions

**Purchase the following supplies at your local pharmacy:**

**2 - Bisacodyl tablets**

(Dulcolax® laxative NOT Dulcolax® stool softener) each tablet contains 5 mg of bisacodyl

**1 - 8.3 ounce bottle of Polyethylene Glycol (PEG) 3350 Powder**

(MiraLAX, SmoothLAX, ClearLAX or generic equivalent)

**64 oz. Gatorade®** (No red colored flavors)

Regular Gatorade®, Gatorade G2®, Powerade®, Powerade Zero® or Pedialyte are acceptable. Red flavors are not allowed; all other colors (yellow, green, orange, purple, blue) are okay. It is also okay to buy two 2.12 oz packets of powdered Gatorade that can be mixed with water to a total volume of 64 oz of liquid.

**1 - 10 oz. bottle Magnesium Citrate** (No red colored flavors)

It is also okay for you to use a 0.5 ounce package of powdered magnesium citrate (17 grams) mixed with 10 ounces of water.

### PREPARATION FOR COLONOSCOPY

**Cancel or reschedule your appointment:**

If you must cancel or reschedule your appointment, please call 612-871-1145 as soon as possible.

**Transportation:**

You must arrange for a ride for the day of your procedure with a responsible adult. A taxi ride is not an option unless you are accompanied by a responsible adult. If you fail to arrange transportation with a responsible adult, your procedure will be cancelled and rescheduled.

**7 days before:**

- Discontinue fiber supplements and medications containing iron. This includes multivitamins with iron, Metamucil and Fibercon.
- Confirm a driver for your procedure.

**3 days before:**

- Begin a Low-Fiber Diet. A low fiber diet helps make the cleanout more effective.
  - Examples of a low fiber diet include (but are not limited to): white bread, white rice, pasta, crackers, fish, chicken, eggs, ground beef, creamy peanut butter, cooked/steamed/boiled vegetables, canned fruit, bananas, melons, milk, plain yogurt, cheese, salad dressing and other condiments.
  - The following are not allowed on a low fiber diet: seeds, nuts, popcorn, bran, whole wheat, corn, quinoa, raw fruits and vegetables, berries and dried fruit, beans and lentils.

For additional details on following a low fiber diet, please see [www.mngastro.com/lowfiber](http://www.mngastro.com/lowfiber)

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**2 days before:**

- Continue Low Fiber Diet.
- Drink at least 8 glasses of water throughout the day.
- Stop eating solid foods at **11:45 pm.**

**1 day before:**

- Begin Clear Liquid Diet (clear liquids include things you can see through).
  - o Examples of a clear liquid diet include: water, tea (no milk or non-dairy creamer), clear broth or bouillon, Gatorade, Pedialyte or Powerade, carbonated and non-carbonated soft drinks (Sprite, 7-Up, Gingerale), strained fruit juices without pulp (apple, white grape, white cranberry), Jell-O and popsicles.
  - o The following are not allowed on a clear liquid diet: red liquids, alcoholic beverages, coffee, dairy products, protein shakes, cream broths, juice with pulp and chewing tobacco.
- **At noon:** Take 2 Bisacodyl (Dulcolax) tablets
- **Between 4-6pm:** Drink Miralax – Gatorade preparation

Mix 1 bottle of Miralax with 64 oz. of Gatorade in a large pitcher.

Drink 1 - 8 oz. glass of the Miralax/Gatorade solution.

Continue drinking 1 - 8 oz. glass every 15 minutes thereafter until the mixture is gone.

**Colon Cleansing Tips:** Drink adequate amounts of fluid before and after your colon cleansing to prevent dehydration. Stay near a toilet because you will have diarrhea. Even if you are sitting on the toilet, continue to drink the cleansing solution every 15 minutes. If you feel nauseous or vomit, rinse your mouth with water, take a 15 to 30-minute break and then continue drinking the solution. You will be uncomfortable until the stool has flushed from your colon (in about 2-4 hours). You may feel chilled.

**Day of your procedure:**

You may take all of your morning medications including blood pressure medications, blood thinners (if you have not been instructed to stop these by our office), methadone, anti-seizure medications with sips of water 3 hours prior to your procedure or earlier. Do not take insulin or vitamins prior to your procedure.

Continue the Clear Liquid Diet. Avoid red liquids, alcoholic beverages, coffee, dairy products, protein shakes, and chewing tobacco.

- **4 hours prior:** Drink 10 oz magnesium citrate
- **3 hours prior:**
  - o STOP consuming all liquids.
  - o Do not take anything by mouth during this time.
  - o Allow extra time to travel to your procedure as you may need to stop and use a restroom along the way.

You are ready for the procedure if you followed all instructions and your stool is no longer formed, but clear or yellow liquid. If you are unsure whether your colon is clean, please call our office at 612-871-1145 before you leave for your appointment.

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**Bring the following to your procedure:**

- Bring the completed Health History form included in this packet with you the day of your appointment.
- Insurance Card / Photo ID
- List of Current Medications including over-the-counter medications and supplements
- Bring your rescue inhaler if you currently use one to control asthma
- Bring contact lens supplies as you will be asked to remove contact lenses prior to the start of your procedure
- Advance Directives: If you have an Advance Directive, please bring a copy of your Advance Directive with you to your endoscopy appointment. Advance Directives are not honored at MNGI facilities, and in the event of a life-threatening situation, life support measures will be instituted in every instance and our patients will be transported to a higher level of care facility (i.e., hospital). In the unlikely event that you require an emergency transfer to a higher level of care facility, your Advance Directive should accompany you to that facility.



## **DESCRIPTION OF COLONOSCOPY**

### **What is colonoscopy?**

Colonoscopy is the most accurate test to detect colon polyps and colon cancer, and the only test where polyps can be removed. During this procedure, a doctor examines the lining of your large intestine and rectum through a flexible tube called a colonoscope. The colonoscope is inserted into the anus and advanced slowly through the colon.

To produce the best results, you will drink a bowel cleansing preparation to help clean out your colon. Even if your stools are clear, it is important to take all of the colon prep as directed because your body is always making fluid and small polyps can hide behind this fluid.

### **What happens during a colonoscopy?**

Plan to spend up to 2 hours at the endoscopy center the day of your colonoscopy. The procedure itself takes about 20 to 40 minutes to complete.

### **Before the procedure:**

Your medical history will be reviewed with you by your health care team including a nurse, your gastroenterology physician and an anesthesia provider and an IV line will be placed.

### **During the procedure:**

During your procedure the anesthesia provider will administer medications and monitor vital signs which is a process known as Monitored Anesthesia Care (MAC). While most patients sleep through the procedure, some remain awake and aware. The anesthesiologist and/or certified registered nurse anesthetist (CRNA) will help determine the appropriate type of drug to be used during the procedure to keep you safe and comfortable. If abnormal tissue or polyps are found, the physician may remove them through the colonoscope for closer examination or biopsy.

### **What happens after the procedure?**

The physician will talk with you about the initial results of your procedure and will prepare a full report for the healthcare provider who referred you for the colonoscopy. You may have some cramping or bloating after the procedure which is normal and should disappear quickly by passing gas. Any tissue samples or polyps removed during the procedure will be sent to a lab for evaluation. It may take 5-7 working days for you to be notified of the results by mail or through the Patient Portal.

You may resume most of your regular activities the day after the procedure. However, medication given during the procedure will prohibit you from driving for the rest of the day. You are also advised to avoid air travel for 24 hours following your procedure. You may resume your normal diet, but alcohol should be avoided until the next day after your procedure.

### **Are there possible complications with colonoscopy?**

Although serious complications are rare, any medical procedure has the potential for risks. Risks from the procedure include perforation, or a tear through the lining of the colon, bleeding from a biopsy site, reaction to medications, heart and lung problems, and dental or eye injuries.



### Endoscopy Health History Form

Please fill out this form and bring it with you to your appointment.

#### Pre-Visit Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Reason for Procedure: \_\_\_\_\_

Prep taken:  Moviprep  Nulytely  Miralax & Gatorade  Magnesium Citrate  Dulcolax

Other: \_\_\_\_\_

Prep Results:  Clear  Tea Color  Brown Liquid  Other: \_\_\_\_\_

#### Medical History

Race/Ethnicity:

American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or other Pacific Islander  Latino or Hispanic  White

I do not wish to disclose

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Heart Disease:  Yes  No Kidney Disease/Dialysis  Yes  No

Respiratory Problems:  Yes  No Diabetes:  Yes  No

*Including but not limited to Asthma or Sleep Apnea*

High Blood Pressure:  Yes  No Seizures/Fainting:  Yes  No

Hepatitis:  Yes  No Pregnant/Nursing:  Yes  No  NA History of

Anesthesia Problems:  Yes  No If Yes, please describe: \_\_\_\_\_ Past Surgical  
Procedures: \_\_\_\_\_ Have you had an

upper respiratory infection or asthma flare within the last week?  Yes  No

*If yes, please call our office prior to starting procedure prep*

Do you have any disabilities which affect your memory or learning?  Yes  No

#### Driver Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*If patient is less than 18 years old and driver is someone other than a parent or guardian, please visit [www.mngastro.com/forms](http://www.mngastro.com/forms) to print and complete the Unaccompanied Minor Patient Authorization Form.*



**An important risk for colon cancer is family history.  
The following questions can help your physician determine your risk.**

**PERSONAL HISTORY**

Have you ever had a colonoscopy?  Yes  No  
If Yes, when and where? Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location \_\_\_\_\_

Have you ever had colorectal cancer?  Yes  No

Have you ever had precancerous colon polyps?  Yes  No

Do you have inflammatory bowel disease (IBD)?  Yes  No  
*Crohn's Disease or Ulcerative Colitis*

**FAMILY HISTORY** (this information is for blood relatives only)

Do you have a first-degree relative (parent, sibling, child) who had precancerous polyp(s) before age 60?  
 Yes  No  Unknown

Do you have any first degree relatives (parent, sibling, child) who had colorectal cancer before age 60 OR two first degree relatives (parent, sibling, child) who had colorectal cancer at any age?  
 Yes  No  Unknown

Do you have more than 3 relatives (parent, sibling, child, aunts, uncles, cousins, grandparent) who have had colorectal cancer?  
 Yes  No  Unknown

Do you have any first degree relatives (parent, sibling, child) who have been diagnosed with ovarian cancer or uterine cancer?  
 Yes  No  Unknown

**Medications, Allergies and Reactions (include Over the Counter/Herbal medications)**

**Allergies:**

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**Reactions:**

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## **Colonoscopy – Screening versus Diagnostic**

The Affordable Care Act (ACA) requires private health insurers to cover recommended preventive services without any patient cost-sharing, such as copays and deductibles. One of those recommended services is screening colonoscopy. This means if a patient has a screening colonoscopy there should be no out-of-pocket expense. Conversely, if a patient has a diagnostic colonoscopy, the procedure is nearly always covered by insurance; however the patient is still responsible for any copays, coinsurance and/or deductibles.

### **What's the difference between a screening colonoscopy and a diagnostic colonoscopy?**

- A screening colonoscopy is performed on an asymptomatic (no symptoms) patient for the purpose of testing for colorectal cancer or colon polyps. Whether an abnormality is found does not change the screening intent of the procedure.
- A diagnostic colonoscopy is performed because of a sign or symptom such as diarrhea, positive hemoccult, rectal bleeding, iron deficiency anemia, abdominal pain, or an abnormal finding on another test. Medicare and most commercial payers do not waive the copay and/or deductible if the intent of the procedure is a diagnostic colonoscopy. This means the patient is responsible for any balance left owing after insurance processes the claim.

### **I have Medicare – what is my screening benefit?**

Medicare covers screening colonoscopy every 10 years\* for average risk, asymptomatic patients and every 2 years for high risk, asymptomatic patients.

Medicare defines high risk as patients with one or more of the following:

- A first-degree relative (sibling, parent, child) who has had colorectal cancer or an adenomatous polyp
- Family history of familial adenomatous polyposis
- Family history of hereditary non-polyposis colorectal cancer
- Personal history of adenomatous polyps
- Personal history of colorectal cancer
- Inflammatory bowel disease, including Crohn's disease or ulcerative colitis

\*Screening colonoscopy is not covered within 47 months of a previous screening sigmoidoscopy

### **I have commercial/private insurance - where can I find my screening benefits?**

You should contact your insurance company directly, using the information on the back of your insurance card. Be ready to provide your plan numbers. We can assist you with a price quote letter that includes the procedure (CPT) codes your insurance company may ask for. Be advised we cannot determine prior to your colonoscopy exactly what will be found during the procedure and the exact CPT codes that will be billed.

Before your procedure, you should know if you are coming for a screening colonoscopy (no symptoms) or a diagnostic colonoscopy (you are presenting with symptoms). After determining if screening or diagnostic applies, you should do some research with your insurance company regarding your benefits and any out-of-pocket expenses that may be applied.

Your referring and/or primary care physician may refer you for a "screening" colonoscopy along with some symptoms you are currently experiencing. There may be a misunderstanding of the word screening. Your colonoscopy procedure is unable to be billed as a screening procedure if you are experiencing any symptoms. We are required to bill according to the reason the procedure is ordered.

The physician cannot change, add or delete any diagnosis so that you can be considered for a screening colonoscopy. Your visit is documented in the medical record from information you or your referring and/or primary care physician have

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provided during the pre-procedure assessment, or during a previously documented clinic visit when the colonoscopy was ordered. These are binding legal documents that cannot be changed to facilitate better insurance coverage.

Patients need to understand that strict government and insurance company policies, as well as coding guidelines prevent physicians from altering a chart or bill for the sole purpose of better coverage determination. This is considered insurance fraud and is punishable by law.

Please contact your insurance company or Minnesota Gastroenterology with additional questions regarding coverage.

Results from any testing will be sent via mail or the Patient Portal.

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## FINANCIAL POLICY (Insurance and Billing)

**MNGI Website:** Visit our website at [mngastro.com](http://mngastro.com) to request a price quote, pay online, obtain details of our financial assistance program and for other important information.

**Insurance and Billing Process:** It is your responsibility to confirm your insurance benefits with your insurance plan(s) prior to your clinic visit or procedure. If your insurance plan(s) require(s) a co-payment for your appointment, the co-payment is due at the time of your appointment. We ask that you provide current insurance information and photo identification each time you check in for an appointment at one of our offices/facilities. Failure to present your current insurance card(s) will release Minnesota Gastroenterology, P.A. from any responsibility for incorrect or untimely filing of contracted claims. *Please alert our reception staff of any changes in insurance or personal information.*

**Claims Submission:** If you have provided us with insurance information, we will submit a claim(s) to your insurance plan(s) and will assist you in any way we reasonably can to facilitate getting your claims paid. However, your insurance plan(s) may need you to supply certain information directly and it is your responsibility to comply with this request.

**Pre-Authorization and Pre-Certification:** If your insurance plan(s) require(s) a pre-authorization or pre-certification, you are responsible for calling our Business Office at (612) 871-1145, option 5 prior to your appointment and our staff will assist you in obtaining approval for your visit or procedure.

**Referrals:** If your insurance plan(s) require(s) a referral, *you are responsible for obtaining this referral from your primary care provider or clinic prior to your appointment.*

**Billing:** Once your insurance claims have been processed by your insurance plan(s), a statement will be sent to you for any deductible, co-insurance, co-payment or other remaining balance not paid by your insurance plan(s). If you are scheduled for a procedure, you will receive more than one statement. One statement from Minnesota Gastroenterology, P.A. will represent the physician fees and a second statement from East Metro Endoscopy Center LLC, MNGI Endoscopy ASC Inc., Minnesota Endoscopy Center LLC, or hospital which represents the facility fees. You could also receive separate bills from the pathologist (Hospital Pathology Associates) if a biopsy of a polyp or tissue sample was needed and/or a bill from the laboratory (LabCorp, Prometheus and/or Quest Diagnostics) if blood work was done. If Monitored Anesthesia Care (MAC) is provided by an anesthesiologist or CRNA during your procedure, there will be additional charges billed by Community Anesthesia Partners, LLC. Please check your insurance for specific benefits.

**Payment:** Payment in full is due upon receipt of your statement(s). We accept payment by credit card (Visa, MasterCard and Discover), personal check, or money order. Payments by credit card and check can be made online at [mngastro.com](http://mngastro.com). If you are unable to pay your balance in full, it is your responsibility to contact our Business Office to establish a mutually agreeable, interest-free payment plan and to discuss other financial assistance options which may be available. Failure to pay your balance and/or comply with any arrangements that have been established may result in the forwarding of your account to a collection agency and may result in being unable to schedule future appointments at Minnesota Gastroenterology, P.A. or its facilities until the full balance has been paid.

**Financial Assistance:** Providing premier gastrointestinal care is important to us regardless of one's financial status. We have assistance options available to accommodate a variety of financial situations. Please contact our Business Office at (612) 871-1145 (option 5) for information regarding our Financial Assistance Program.

*Our practice is committed to providing the best treatment for our patients. Thank you for choosing Minnesota Gastroenterology, P.A. and understanding and complying with our financial information. If you have any questions or concerns regarding this information, please contact our Business Office at (612) 871-1145 (option 5).*

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