

COLONOSCOPY FREQUENTLY ASKED QUESTIONS

❖ Where is my procedure?

Your procedure will be performed at one of the two Raleigh Endoscopy Center locations. Cary or Raleigh. We do not perform procedures in our office, so check the location on your confirmation letter.

❖ When should I read my prep instructions?

NOW! Please review and become familiar with what you will need to do and call or send us a portal message with any questions.

❖ How long does the procedure take?

The procedure itself is 30 minutes. Patients need to plan on being at the endoscopy center a total of 3 hours. This allows time for intake, procedure and recovery time.

❖ What are the requirements for transportation to and from the endoscopy center?

Patients are required to have a driver bring them to the endoscopy center and stay with them throughout the duration of the visit. Because this is a patient safety issue, no exceptions will be made for this requirement.

❖ What is the required paperwork for the procedure?

Although we gather all health information at the time of scheduling, the Raleigh Endoscopy Health History sheet must also be completed by you and faxed the center where you are having your procedure. The endoscopy center is a separate entity and requires that their own forms are used. Please complete the health history, Release of Information and Consent and fax where indicated on the forms.

❖ When should I pick up my prep?

Today! We have sent your prescription electronically. Regardless of when your procedure is scheduled, please pick up your prep as soon as possible, this ensures you are prepared, and if there are any problems with coverage by your insurance company, we can help by finding an alternative prep?

❖ What is my financial obligation?

If this is a screening/preventive colonoscopy; we expect your insurance company to cover this procedure 100%. This is based on your insurance carrier and medical benefits and exceptions may apply.

If this is a diagnostic colonoscopy, charges are subject to coinsurance and deductibles. We require a \$150.00 deposit on all diagnostic colonoscopies. Please review your confirmation letter for codes needed when calling your insurance company to determine financial responsibility.

❖ What if I need to reschedule my procedure?

If you need to cancel or reschedule your procedure, we require a 3 business day notice to avoid the \$100 cancelation fee.

Please fax this form to (919) 233-7685

Cary Gastroenterology Associates Colonoscopy Consent Form

Your physician has requested that you undergo a procedure called Colonoscopy. Colonoscopy is a procedure that enables the physician to see inside the colon or large intestine. The colon is examined with a long flexible tube called a colonoscope. This instrument is a lighted tube composed of either very thin flexible fibers, or a tiny video camera that enables the physician to see around bends or corners.

This procedure is useful in detecting diseases of the large intestine, including polyps, cancer and other diseases that can result in diarrhea, weight loss, abdominal pain or blood in the stool. If an abnormality is detected it often can be biopsied or removed. Polyps can often be burned out with a procedure called polypectomy which uses electric current to burn the polyps off the wall of the colon.

As with any examination certain risks exist. These include but are not limited to: bleeding, perforation, medication reactions, life threatening events, and missed lesions. With this procedure there is the risk of bleeding from biopsy or polypectomy site. Bleeding can often be stopped using special tools at the very same time of colonoscopy. Rarely, blood transfusions or surgery may be required in this situation. Perforation or puncture of the colon is an additional risk of this procedure, although this is a rare occurrence. If perforation occurs surgical correction is necessary. Medication reactions and life threatening events are rare occurrences and you are monitored closely for them during and following the procedure. As with many tests, it is not perfect and lesions can be missed. **Every effort is made to minimize chances of these risks.**

If you have any questions concerning this test, they will be answered for you before you sign this form.

I certify that I have read/been read and understand the contents of this informed consent.

In addition, all of my questions have been answered; and all complications, risks, and benefits have been explained to my satisfaction.

I hereby authorize Dr. _____ and/or such assistants as may be selected by them to perform the above mentioned procedure on _____.
(Name of Patient)

Patient Signature

Date

Cancellation and rescheduling fees will be assessed. Please ensure understanding of Cary Gastroenterology's policies for cancelling and rescheduling appointments.

Please fax this form to (919) 233-7685

Compound Authorization for Release of Information
Cary Gastroenterology Associates/Women's Center for GI Health

Name of Patient _____ Date of Birth _____

Cary Gastroenterology Associates/Women's Center for GI Health, is authorized to release protected health information about the above named patient to the entities below.

The following individual is authorized to access my personal health information:

Name: _____

Phone: _____

Relationship: _____

The following information may be released to this person:

Financial

Medical, including office visit reports, test results, pathology finding, etc.

The following individual is authorized to access my personal health information:

Name: _____

Phone: _____

Relationship: _____

Financial

Medical, Medical, including office visit reports, test results, pathology finding, etc

Voice Mail: May we leave appointment information and/or a name and number to call our facility on your voicemail?

Yes, leave appointment and contact info on voicemail
Phone number is () _____ - _____

No, do not leave any information on voicemail

Voice Mail: May we leave medical results/information and/or a name and number to call our facility on your voicemail?

Yes, leave medical results/information on voicemail
Phone number is () _____ - _____

No, do not leave any information on voicemail

Clinical Trials: Cary Gastroenterology Associates is active in clinical research trials and receives remuneration for patients who enroll in the studies. Would you like to be contacted if a clinical trial becomes available that the physician feels may benefit you as a patient?

Yes, please contact me if my physician feels I may benefit from a clinical trial. I further authorize the contracted clinical research staff to review my demographic and medical history in order to determine my candidacy for a study.

No, do not contact me regarding clinical trials.

Patient Information

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward. I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law. I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

Date _____

Signature of Patient or Personal Representative _____

Raleigh Endoscopy Center Patient Health History Sheet:

Please fax this form to the endoscopy center location to which you have been assigned (listed below)
at least 2 weeks prior to exam date

Locations:

Main: 2417 Atrium Dr. (Fax)919-791-2061 **North:** 8300 Healthpark (Fax)919-256-7981 **Cary:** 1505 SW Cary Parkway (Fax)919-792-3061

Patient Name _____ Date of Birth _____ Procedure Date _____
 Primary Care Physician _____ Height _____ Weight _____

*****DRIVER MUST REMAIN WITH YOU AT THE ENDOSCOPY CENTER AT ALL TIMES*****

Allergies: Medication and Food Allergies(Please List Below):.....Include any allergy to eggs or soy

<u>Name of medication/Food</u>	<u>Reaction to Medication/Food</u>
1. _____	_____
2. _____	_____
3. _____	_____

MEDICATIONS: LIST ALL (BOTH PRESCRIPTION & NON PRESCRIPTION, ALSO ALL SUPPLEMENTS & VITAMINS):

<u>MEDICATION NAME</u>	<u>DOSE TAKEN</u>	<u>FREQUENCY</u>	<u>REASON TAKEN</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. Do you take a blood thinner?	Yes	No	Name: _____

Do you have any of the following? IF YES-contact your GI physician's office for further evaluation

Trouble Breathing or Anaphylaxis to Latex or Rubber Products?	Yes	No
Oxygen at Home to Help You Breath?	Yes	No
A Letter Stating You Are Difficult to Intubate?	Yes	No
Problems with Anesthesia (if so explain)	Yes	No
An Implanted AICD for Your Heart?	Yes	No
Currently Pregnant or Breast Feeding?	Yes	No

Have You Ever Been Diagnosed With the Following: (Please Circle if You Have Had or Currently Have)

Congestive Heart Failure	Colon Cancer	Seizures (date of last) _____
Irregular Heart Beats	Cirrhosis	Stroke/TIA/CVA (date of last) _____
Chest Pain/Angina	Liver Disease	Infectious Diseases (type) _____
Heart Attack (Date) _____	Hepatitis(type) _____	Bleeding/Clotting Disorder (type) _____
Heart Stents (number) _____	Colostomy Bag	Cancer(type) _____
Shortness of Breath	Colitis/Crohns	Chemotherapy or Radiation: Dates _____
Sleep Apnea	Anemia	Shingles
COPD	C. Difficile	HIV/AIDS
Kidney Failure/Dialysis	Diabetes	Do you smoke? _____ Alcohol per week _____
High Blood Pressure		
Other/Misc : (please list) _____		

Surgeries: Please List All Major Surgeries

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____



Coding Your Procedure

Your procedure will be coded based upon documentation from your physician during the procedure, which may not be covered by your insurance carrier at 100%. If abnormal findings such as a polyp or lesion are detected and removed, the service may then be considered diagnostic by your insurance carrier. Please be aware that you will be responsible for any expenses not covered by your insurance carrier and that the diagnosis code will not be changed in an attempt to reduce out of pocket expenses.

Deposits for procedures and/or pathology will be required. Deposits are nonrefundable for procedures not cancelled per cancellation policy, and will be applied towards any out of pocket expenses. Questions regarding specific portions of your bill can be addressed as follows:

Physician	Cary Gastroenterology	(919) 816-4948
Facility fees	Raleigh Endoscopy Center	(844) 248-1741
Anesthesia	Raleigh Sedation Services	(919) 324-1680/(888) 337-3509

Cancellation Policy

Cancelling Your Procedure – You must provide at least **3 business days notice** to cancel your procedure. Procedures that are not cancelled with proper notice will be charged a cancellation fee of \$100.00. Deposits for procedures that are not cancelled per this policy are nonrefundable.

No Shows – Procedures - Failure to show for a procedure without a cancellation call to us will result in a “No Show” charge of \$100.00. Deposits for procedures that are “no showed” per this policy are nonrefundable.

Notice of Patient Rights

Cary Gastroenterology provides Notice of Patient Rights to you for both Cary Gastroenterology and Raleigh Endoscopy Centers. These documents can be located at www.carygastro.com; Procedures; Paperwork; Notice of Patient Rights.

COST ESTIMATE WORKSHEET – Please Call Your Insurance Carrier

HOW WILL I KNOW WHAT I OWE?

- Identify category of colonoscopy you are scheduled for and use possible preoperative CPT and diagnosis codes below. If you need assistance please contact the office for preoperative diagnosis codes on your order. Remember the guidelines above. Your procedure is only “screening” if you have not had a colonoscopy or other screening for colon cancer within the last 10 years. Your scheduling confirmation letter will have both the CPT and diagnostic codes listed for you.
- **Possible CPT Codes:**
 - Diagnostic: 45378, 45380, 45384, 45385**
 - Surveillance: 45378, 45380, 45384, 45385, G0105**
 - Screening/Preventative: G0121, 45378 (only covered with Z12.11 as diagnosis code)**

Diagnosis(es) _____

Please note that these are not the final diagnosis codes which will be submitted to your insurance. Final codes cannot be determined until after your procedure occurs.

- Call your insurance carrier and verify your benefits and coverage by asking the following questions:
Is the procedure and diagnosis covered under my policy? Yes No

Will the diagnosis code be processed as: preventive (screening) surveillance or diagnostic?

If my procedure will be a preventive (screening) procedure, are there age or frequency limitations for my colonoscopy? (e.g., one SCREENING every ten years over the age of 50)
Yes No

If YES, list limitations here

If the provider removes a polyp or takes a biopsy, will this change my out-of-pocket responsibility? Yes No

OBTAIN THE FOLLOWING INFORMATION FROM YOUR INSURANCE REPRESENTATIVE:

Today's Date _____ Representative's Name _____

Deductible _____ Amount of Deductible Met _____

Co-insurance Responsibility _____ Facility Co-payment _____

Facility in Network Yes No

Call Reference Number _____

If you have any questions, concerns, or would like to discuss payment arrangements, please contact the billing department at our office.

COLONOSCOPY CATEGORIES

The Affordable Care Act allows for 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 screening/preventive service. These guidelines may exclude those patients with any current gastrointestinal signs and symptoms, history of gastrointestinal disease, a personal or family history of colon polyps or colon cancer from taking advantage of the procedure at no cost. In cases like these, patients may be required to pay co-pays, co-insurance and/or deductibles.

Please Note: Although your primary care provider may refer you for a “screening” colonoscopy, you may not qualify for the “preventive/screening colonoscopy” benefit under your insurance plan. There are three colonoscopy categories:

- **Diagnostic/Therapeutic Colonoscopy** - If you have any gastrointestinal symptoms (i.e diarrhea, constipation, rectal bleeding, abdominal pain, etc.), colon polyps, iron deficiency anemia, gastrointestinal disease or other abnormal tests requiring evaluation or treatment by colonoscopy. Usually subject to copay, coinsurance and/or deductible.
- **Surveillance / High Risk Colonoscopy** - If you are asymptomatic (no current gastrointestinal symptoms) and have a personal history of gastrointestinal disease (such as diverticulitis, Crohn’s disease or ulcerative colitis), and/or a personal or family history of colon polyps and/or colon cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals, usually every 2 - 5 years. May be subject to copay, coinsurance and/or deductible.
- **Screening/Preventive Colonoscopy** - If you are asymptomatic (no current gastrointestinal symptoms), 50 years old or older and have no personal history of gastrointestinal disease, no personal or family history of colon polyps and/or cancer. Patients in this category have not undergone a colonoscopy, or other screening for colon cancer, within the last 10 years. If these guidelines are met, may be covered at 100% under your plan.

FREQUENTLY ASKED QUESTIONS

Q Who will bill me?

A You may receive bills for separate entities associated with your procedure, such as the physician, facility, anesthesia, pathology (both processing and reading) and/or laboratory. The standard of care for anesthesia during your colonoscopy is propofol sedation. The CPT code for this service is 00810.

Q Can the provider change, add, or delete my diagnosis so that my procedure can be considered a screening/preventative colonoscopy?

A No. Any visits or history that you provided or your referring physician documented in the medical record is part of a binding legal document that cannot be changed or altered to facilitate better insurance coverage.

Q What if my insurance tells me that Cary Gastro can change, add or delete a CPT code or diagnosis code?

A If you are given this information please document the date of the call, name and phone number of the insurance representative to whom you spoke. Then contact the provider’s office and speak to a member of our billing team. Your insurance may tell you if your procedure is coded as a screening it will be covered at 100%. However, if your procedure does not meet the definition of a screening/preventative then it cannot be re-coded and filed as a screening/preventative colonoscopy.

Q Will someone call me about what I owe?

A As a courtesy, our office will check with your health insurance plan to obtain a cost estimate and see if a precertification is required. We require deposits on all procedures and you will be asked to provide this either at the time of your office visit or, if we schedule your procedure over the phone, at this time. We can never guarantee how your health insurance will pay for your services. It is always a good idea to call your insurance and understand your benefits and your health insurance expectations.

Frequently Asked Questions

[Just had your procedure? Now what?](#)

Ideally, your insurance will process everything correctly the first time around so you won't need to worry about anything. In the unfortunate case that they do not, we will send a letter with a statement and a form to sign so that we can assist in getting your balance reduced or eliminated.

[Do I need to file anything with my insurance provider?](#)

As a courtesy to you, the bills for your anesthesia services will be filed to your insurance company. We have accepted assignment of these benefits and your insurance company should send the payment directly to our office. If we have a secondary insurance on file for you, we will file a claim for the amount not paid by your primary insurance. If there is no secondary insurance on file, then we will send you a bill for the co-payment due as determined by your insurance company.

[My insurance sent me a check, what should I do?](#)

If your insurance company sends payment directly to you, you may either endorse the check **OR** write a personal check for the amount received and send it to the address listed below.

Raleigh Sedation Associates
P O Box 865619
Orlando, FL 32886-5619

[What insurance providers do you participate with?](#)

We accept any insurance that the facility where you are having the service accepts. Because we are an ancillary provider, we typically do not need to contract separately with your insurance to be processed in-network (several BCBS plans are the exception). We contract with all federal (Medicare, Tricare) and state plans (Medicaid).

In the event that we are not a participating anesthesia provider within your insurance plan, we will work with your insurance company to insure that **you are not penalized** for our non-participating (out-of-network) status. The maximum amount that you will owe will be your participating (in-network) benefit rates. Please contact us if you have **ANY** concerns.

[What if my insurance provider participates with the endoscopy center but not with RSA?](#)

We accept any insurance that the center accepts. Anesthesia providers are considered ancillary providers and because of this, regardless of our network status, most insurances will process the claim as though we are in network. Plan types typically have a plan provision that states ancillary providers (such as radiologists, anesthesiologists and pathologists) will be processed under your in-network level of benefits as long as the facility is in-network. We work directly with your insurance regarding the amount and will not hold patients responsible for any out of network or pricing differences. On occasion, the insurances do not process payments correctly the first time around so we may need your assistance by signing a form in order to reduce or eliminate your responsibility. We will contact you if this is necessary.

[How to read your patient statement](#)

Column 1: Dates

The first line item will be the date of service. All other line items will be the date a payment or adjustment was taken.

Column 2: Description of service

This is where you see the service billed for, the provider who performed the service, and any information regarding payments and adjustments.

Column 3: Financial amounts

These are the costs for what is described in column 2.

Columns 4 & 5: Balances

These are any balances on your account to be paid by your insurance (Column 4) or you (Column 5).

We advise you to pay close attention to the message at the bottom of the statement. This message often provides important information such as to whether the balance can be further reduced, or what to do in the case you receive a check from your insurance provider that needs to be forwarded so that an adjustment can be made.

[How to read your Explanation of Benefits \(EOB\)](#)

Your EOB is plan specific, so please contact us directly so that we can address your specific questions over the phone. If we are notified of a denial, we will send you notices explaining your benefits and appeal rights. These letters are insurance specific and typically explain what needs to be done to have the balance reduced or eliminated.

Your EOB may identify:

- The patient and the service provided
- The amount charged by the provider
- The amount of the charges that are covered and not covered under your plan
- The amount paid to your provider
- The amount you're responsible for

Remember that your EOB is not a bill, it just explains what was covered by insurance. Your provider may bill you separately for any charges you're still responsible for. You may receive a few EOB's over time if your claim is being appealed.

[How much does anesthesia cost?](#)

Providing an estimate is quite difficult for anesthesia because processing is based on time or charged amount and is plan specific. If your service is a screening procedure, most plans will cover this at 100% of their allowed amount. Exceptions to this include some BCBS plans and grandfathered commercial plans. We are happy to assist when possible, however, due to the number of insurance plans, we suggest that you contact your insurance company if you have specific question regarding your individual coverage. If you are not covered by your insurance and required information regarding self-pay rates, please contact us.

[Why did I receive multiple bills for the same procedure?](#)

The procedure you had has 3 (three), possibly 4 (four) separately billable components that consist of:

1. The professional services of the gastroenterologist
2. **The professional & medical services of the anesthesiologist / anesthetist**
3. The facility fee (for use of the surgery center)
4. Pathology/lab fees (if you have polyps removed or biopsies taken)

Each of these services is provided under separate entities/companies and cannot answer billing questions for the other, so please contact the appropriate company for your questions. We can address all questions related to #2.

[When is payment due?](#)

Payment is due within 10 days of receipt of the statement, however we do accept payments in installments. If you would like to pay in installments, please notify us by contacting us directly.

[What forms of payment do you accept?](#)

We accept credit cards and checks. You can pay online using our payment portal.

If you would prefer to pay over the phone, please contact us at **1-888-337-3509** or **1-919-324-1680**.

Alternatively, you can mail a check to:

Raleigh Sedation Associates
P O Box 865619
Orlando, FL 32886-5619