

If you are experiencing any of the following symptoms (cough, runny nose, sore throat, fever or body aches), please notify our office at 206-860-4544 as your procedure may need to be rescheduled. If symptoms are present upon arrival, your procedure may be cancelled.

Date: ***

Check-in Time: ***

Your {GI PROCEDURES:32672} is scheduled with {TPC GI PROVIDERS:41092}

The Polyclinic
1145 Broadway, 3rd floor
Seattle, WA 98122

Total estimated time from check in to pick up is: 2 hours

*Below are instructions that begin 1 week prior to your procedure date. Please thoroughly review the instructions prior to your scheduled appointment. If you have any questions regarding your prep instructions or procedure, please call the **GI Office at 206-860-4544**.*

Move-up Policy

The day before your procedure there is a chance that your procedure may be moved to an earlier or later time. Please make sure your driver is available for these possible changes.

Visitor Policy

We will allow one adult to accompany you to check in for your procedure and to be brought back to recovery following your procedure. Your driver will not be allowed in the pre-op or procedure phase of their stay. If you wish for your driver to not be present in recovery, please let us know at check-in. Your driver will need to stay on site throughout your procedure.

Interpreter Services

If an interpreter is needed, please confirm that one has been scheduled for your procedure date and time. Friends and family members are **not permitted** to interpret for procedures.

Cancellation Policy

If you need to cancel or reschedule for any reason, please call {TPC PROVIDER PHONE LIST:42112} I. We request at least 3 business days' notice. Failure to provide adequate notice may result in a \$200 fee. This fee would be your responsibility because it is not covered by insurance.

READ TODAY!

Your provider has scheduled you for a {GI PROCEDURES:32672}. To have a successful procedure your digestive tract must be clear of any stool. Follow all the instructions in this handout EXACTLY as they are written. If you do not follow the directions, your procedure may be cancelled or rescheduled.

If you have been to the ER, hospitalized for any reason, or have had any changes to your health since scheduling your procedure, please call our office at 206-860-4544.

☐ **Pick up your prescriptions:** Your prep medications have been sent to: ***. After 1 week, your pharmacy will have your prescriptions **on hold**. Contact the pharmacy when you are ready to fill the prescription.

Prior to leaving the pharmacy, please ensure you have the following medications in hand. If your pharmacy does not supply these medications, please purchase them over the counter.

- Suprep Kit

MEDICATION INSTRUCTIONS

☐ **STOP:** taking Dulaglutide, Exenatide, Liraglutide, Lixisenatide or Semaglutide (*Trade names are Trulicity, Bydureon BCise, Byetta, Saxenda, Victoza, Adlyxin, Ozempic, Wegovy, Rybelsus*) **1 DAY** (if taken/injected daily) **or 7 DAYS** (if injected weekly) prior to your procedure.

☐ **STOP:** taking iron supplements including multivitamins that contain iron **7 DAYS** prior to your procedure

☐ **BLOOD THINNER MEDICATIONS:** If you take **anticoagulation** or **antiplatelet medications**, please follow the instructions below. If your prescribing provider has a different recommendation than what is listed below, please contact our office at 206-860-4544.

- Hold Plavix x 5 days prior to the procedure
- Hold Coumadin x 5 days prior to the procedure
- Hold Brilinta x 5 days prior to the procedure
- Hold Eliquis, Pradaxa, Xarelto x 2 days prior to the procedure

☐ **DIABETIC MEDICATIONS:** If you are diabetic, please refer to the separate instructions for adjustment to your medications.

☐ **CONTINUE:** Taking all other medications including your Aspirin unless otherwise instructed by your gastroenterologist.

7 DAYS PRIOR TO PROCEDURE

☐ **ARRANGE TRANSPORTATION:** You will not be able to drive for at least 24 hours after the procedure. Your driver will need to be 18 years of age or older. The driver should remain in the lobby until called by the Recovery Team. If you wish for your driver to not be present in recovery, please let us know at check-in. Medical transportation is an acceptable alternative such as Medstar (877-916-3729). They are usually fee for service.

2 DAYS PRIOR TO PROCEDURE	
<input type="checkbox"/>	DO NOT EAT: Seeds, nuts, popcorn, corn, tomatoes, berries, or breads with seeds or heavy grains. Any other items not listed here are acceptable to eat.
	<ul style="list-style-type: none"> • Cooked/canned fruits and vegetables are OK. • White bread, white rice, and white flour products are OK. • Meats and dairy are OK.
<input type="checkbox"/>	DRINK: At least (8) 8-oz glasses of water throughout the day.
1 DAY PRIOR TO PROCEDURE	
<input type="checkbox"/>	9:00AM: Stop eating solid food and begin clear liquid diet (<i>see Clear Liquid Diet Guide on next page</i>)
<input type="checkbox"/>	5:00PM: Step 1: Pour the first 6-ounce bottle of Suprep liquid into the mixing container. Add cool drinking water to the 16-ounce line on the container and mix. Do not drink the Suprep without diluting. Drink all the liquid in the container. Step 2: Drink two more 16-ounce glasses of water over the next 1 hour.
PROCEDURE DAY	
<input type="checkbox"/>	Early Morning: Please take any heart or blood pressure medication(s) with a small sip of water <u>unless</u> instructed by a Pre-op Call Nurse or your Provider
<input type="checkbox"/>	Six (6) hours before your check-in time: Limit clear liquids to water, black coffee, or tea. Do not use any chewing tobacco.
<input type="checkbox"/>	Six (6) hours before your check-in time: Step 1: Pour the second 6-ounce bottle of Suprep liquid into the mixing container. Add cool drinking water to the 16-ounce line on the container and mix. Do not drink the Suprep without diluting. Drink all the liquid in the container. Step 2: You must drink two more 16-ounce containers of water only over the next 1 hour.
<input type="checkbox"/>	Three (3) hours before your check in time: Do not have anything by mouth. This includes water, gum, mints, or hard candy.
<input type="checkbox"/>	BRING: Please bring the following items to your procedure: <ul style="list-style-type: none"> ✓ A driver that will remain in the lobby until called by the Recovery Team ✓ Your photo ID ✓ If you have an ostomy bag in place, we recommend bringing extra colostomy bags with you ✓ If you have an electronic stimulator (Brain, spine, bladder), please bring your wand or device to turn your stimulator off ✓ Remove all jewelry and leave all other valuables at home

☐ **FEMALES ONLY:** You *may* be asked to provide a urine sample to confirm you are not pregnant prior to proceeding with your procedure.

☐ **PARKING:** Covered parking is available at the clinic's Broadway entrance. The "P4-A" street level parking may be the most convenient for you and your escort to reach by wheelchair after your procedure. If you cannot find a space on P4-A, try to use "A" parking on any garage level. A parking lot attendant is on duty from 6:30 am to 6:00 pm and will be happy to direct you or assist you with any special needs.

DIABETIC MEDICATION INSTRUCTIONS

Procedure Day Hypoglycemia – If you have a low blood sugar (LESS THAN 70) before arriving at the clinic, you should drink 3 ounces (about 1/3 of a cup) of water with 3 Teaspoons of sugar stirred into it. Let the clinical staff know you drank this when you arrive.

- **Take ½ dose the night prior to procedure and HOLD AM of procedure day for the below:**
 - Glyburide
 - Glipizide
 - Glimepiride
- **HOLD AM of procedure day for the medications listed below:**
 - Metformin
 - Prandin
 - Starlix
 - Saxagliptin
 - Januvia
 - Tradjenta
 - Avandia
 - Actos
 - Invokana
 - Farxiga
 - Jardiance
- **Take ½ dose the night prior and morning of your procedure for the medications listed below:**
 - Lantus
 - Levemir
 - NPH
 - 75/25 Mix
 - 70/30 Mix
 - 50/50 Mix
 - Toujeo
 - Tresiba
- **Hold AM of procedure day for the medications listed below:**
 - Humalog
 - Novolog

TPC Suprep

- Apidra
 - Symlin
 - Byetta
 - Bydueron * (See below for Weekly injectable instructions)
 - Victoza
 - Trulicity * (See below for Weekly injectable instructions)
 - Afrezza (Inhalant)
 - Humulin R
 - Novolin R
 - Humalog U-200 KwikPen
- **Take ½ dose the morning of your procedure for the medication listed below:**
 - U-500 Humulin R (U-500 Regular)
 - **Insulin Pump instructions** – If you are on an insulin pump you should temporarily reduce your Basal insulin injection/basal pump settings by 25% starting the night before your procedure until the procedure is completed.

Clear Liquid Diet

It is especially important to avoid **RED** colored liquids. All other colors are okay including orange, purple, blue, green, yellow, etc.

<u>OK</u> to drink	Do <u>NOT</u> drink
<ul style="list-style-type: none">• Water• Tea or black coffee without any milk, cream or lightener• Clear, light-colored juices such as apple, white grape, lemonade without pulp, and white cranberry• Carbonated drinks; including dark sodas (cola and root beer)• Jell-O or other gelatin without fruit• Strained vegetable juice• Sports drinks such as Gatorade and Propel (light colors only)• Clear, bone broth, fat-free broth (bouillon or consommé)• Honey or sugar• Hard candy, such as lemon drops or peppermint rounds• Ice pops or popsicles (without milk, bits of fruit, seeds or nuts)	<ul style="list-style-type: none">• Alcoholic beverages• Milk or non-dairy milks• Smoothies• Milkshakes• Boost, Premier Protein, Protein 2.0• Cream• Ice cream• Orange juice• Grapefruit juice• Tomato juice• Soups (other than clear broth)• Juice, popsicles, or gelatin with red dye• Whole fruit popsicles• Egg whites

Why do I need to follow a clear liquid diet?

A clear liquid diet is necessary during a procedure preparation to provide needed fluids. Clear liquids are easy to digest and leave little to no residue in the digestive tract. Clear liquids are liquids that you can see through. For example, coffee is a clear liquid but coffee with cream or milk is not.

Insurance and Billing Information

The goal of this document is to provide a clear understanding of the billing process for your procedure and to better prepare you for estimating the cost that you may incur for a service. Although your primary care provider may refer you for a “screening” colonoscopy, you may not qualify for the “preventative colonoscopy screening” category. In cases like these, patients may be required to pay co-pays, deductibles, and co-insurance.

Please check with your insurance plan to determine how your colonoscopy will be categorized.

- **Diagnostic / Therapeutic Colonoscopy** – Patient has present gastrointestinal symptoms, colon polyps or gastrointestinal disease requiring evaluation or treatment by colonoscopy.
- **Surveillance / High Risk Colonoscopy** – Patient is asymptomatic (*no present gastrointestinal symptoms*) and has a personal history of gastrointestinal disease (such as Crohn's disease or ulcerative colitis), colon polyps and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals.
- **Preventative Colonoscopy Screening** – Patient is asymptomatic (*no gastrointestinal symptoms*), is 45 years old or older, and has no personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category have not undergone a colonoscopy within the last 10 years.

To determine the category of your procedure and approximate insurance benefits, please follow the steps below:

CPT Codes: {GI CODE:30827} **Diagnosis(es):** *** **Site of Service:** 24

The facility fee code is: 45380.SG. There may be up to 12 biopsies performed. Each biopsy is coded as 88305.

*** 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 plan and verify your benefits and coverage by asking the following questions:

1. Is the procedure and diagnosis covered under my policy?
2. Will the diagnosis code be processed as preventative (screening), surveillance or diagnostic?
3. If the provider removes a polyp or takes a biopsy, will this change my out-of-pocket responsibility?

TPC Suprep

(A biopsy or polyp removal may change a screening benefit to a medical benefit, which means more out-of-pocket expenses. Plans vary on this policy).

After talking to your insurance provider, you may call our Business Office at (425) 258-3900 with any questions or concerns, or to make payment arrangements, if necessary.

If your insurance plans change after your procedure has been scheduled, please contact us immediately with your new insurance card details as it will require a new prior authorization be completed for your upcoming procedure.

PLEASE NOTE:

Anesthesia services are billed separately and are provided by Advanced Anesthesia Services. You will receive a bill directly from them for those services. **If you have questions or want to confirm they are in-network with your insurance plan**, you may contact their billing office at 425-615-6100 or visit their website at advancedanesthesiaservices.com.