
Patient Instructions for PillCam® Small Bowel Capsule Endoscopy

Patient: _____ Date: _____ Time: **7:30 a.m. and return 3:45 p.m.**

Purchase: (1) Dulcolax tablets 5mg, 4 tablets

(2) Miralax 238g to mix with 64 oz of liquid ([see list](#))

Day Before Capsule Endoscopy

Start the prescribed liquid diet after breakfast of 2 scrambled eggs and 2 slices of white toast.

- a) Liquids include Water, tea, coffee, 7up, cola, ginger ale, Gatorade, Lemonade, Propel, Apple juice, White cranberry, no pulp orange juice, white grape juice, chicken broth, beef broth, hard candies, Jell-O, Popsicles.
- b) Nothing red or purple and no sherbets or fruit bars.

Evening before procedure, Split Dose (1-Day) Regimen

2:00 p.m. Take 2 Dulcolax 5mg laxative tablets

Mix the **238g bottle** of Miralax in 64 ounces of cold clear liquid of your choice. (*Mix entire bottle*) **POP and juice not recommended**

5:00 p.m. First dose:

Start drinking the Miralax mix. Drink 4 glasses. Drink 1 (8 oz. glass) every 30 minutes.

8:00 p.m. Second dose:

Take 2 Dulcolax 5mg laxative tablets

Start drinking the Miralax mix. Drink 4 glasses. Drink 1 (8 oz. glass) every 30 minutes until gone.

Do not eat or drink except for necessary medication with a sip of water, 10 hours before your capsule endoscopy, after **9:30 p.m.**

Day of Capsule Endoscopy

1. **Do not take any medication** 2 hours before having the exam.
 - a. Take heart or blood pressure medication at 5:15am with a small sip of water.
2. **Wear upper garment of thin, natural fiber** such as a T-shirt that is long enough to reach at least to hip level and will not ride up above the belt.
3. **Arrive for your appointment at the scheduled time: 7:30 a.m.**

After Swallowing the PillCam SB Capsule

✚ Contact your doctor's office immediately if you suffer from any abdominal pain, nausea or vomiting during the procedure.

1. **You may drink colorless liquids starting 2 hours** after swallowing the PillCam SB capsule.
2. **You may have a ½ sandwich and colorless liquid (8oz) 4 hours after ingestion.** After the examination is completed, you may return to your normal diet.
3. **Be sure the sensor belt is tight at the waist.** Do not attach anything to it.
4. **Check the blue flashing PillCam recorder every 15 minutes** to be sure it is blinking twice per second. If it stops blinking or changes color, note the time and contact your doctor.
5. **Use the supplied Capsule Endoscopy Event Form, to note the time of any event** such as eating, drinking or a change in your activity. Return the completed *Event Form* to your doctor at the time you return the equipment.
6. **Avoid strong electromagnetic fields** such as MRI devices or ham radios after swallowing the capsule and until you pass it in a bowel movement.
7. Do not disconnect the equipment or completely remove the PillCam recorder at any time during the procedure.
8. Treat the PillCam recorder carefully. Avoid sudden movements and banging of the recorder.
9. **After Completing SB Capsule Endoscopy Return to the doctor's office at the scheduled time** to have the equipment removed.

✦ *If you are not sure that the capsule has passed out of your body and you develop unexplained nausea, abdominal pain or vomiting, contact your doctor for evaluation.*

✦ *Undergoing an MRI while the PillCam capsule is inside your body may result in damage to your intestinal tract or abdominal cavity. If you are not certain the capsule is out of your body, contact your physician for evaluation and possible abdominal X-ray before undergoing an MRI examination.*

SB Capsule Endoscopy Event Form

Patient Name: _____

Event Times:	Event Notes (eating, drinking, activity and unusual sensations):
	PillCam SB capsule ingestion
	2 hours later - colorless liquid (water, 7Up, white grape juice, white cranberry)
	4 hours later – ½ sandwich and 8 oz. colorless liquid
	7 ¾ hours – return to office

Who to call in case of need:	Special Instructions
Felicity 248-662-4110	Watch for capsule to pass 24-72 hours after ingesting capsule. Do not have MRI x-ray until pill passes. Flat plate x-ray may be needed if not passed in a week or symptoms occur

What to Expect from the PillCam SB Procedure

1. Patients typically begin fasting at 930 p.m. the day before the PillCam SB procedure.
2. The following morning when you arrive at your doctor’s office, a nurse or technician will explain the procedure to you. The nurse or technician will then fit you with the PillCam sensor belt, a comfortable belt worn around your waist and over your clothing. The PillCam recorder, a small portable recording device that communicates with the PillCam SB capsule as it passes through the small bowel, is attached to the sensor belt.
3. You will then be asked to swallow the vitamin-sized capsule with a glass of water and you will then be able to resume most daily activities.
4. Images and data are acquired as the PillCam SB capsule passes through the digestive system over an 8-hour period. This information is transmitted via a PillCam sensor belt or array to the portable PillCam recorder attached to a belt worn around the patient's waist.
5. You will be scheduled to return to the physician’s office with the sensor belt and the recorder.
6. Your physician will then download images from the recorder for review.
7. PillCam SB passes naturally with a bowel movement, usually in 24 to 72 hours.

A Small Camera Contained in a Vitamin-Sized Capsule

The PillCam SB is about the size of a standard vitamin (11 mm x 26 mm) and weighs less than four grams. The capsule contains a miniature video camera and is equipped with a light source on one end, batteries, a radio transmitter and antenna. After it is swallowed, the PillCam SB capsule transmits approximately 50,000 images over the course of an eight hour period (about two images per second) to a data recording device attached to a belt worn around the patient’s waist or to sensor arrays on the patient’s chest. The small bowel images are then downloaded to a computer where a physician can review the images.

To ensure the best results for your PillCam® capsule endoscopy of the small bowel, follow your doctor’s instructions carefully and completely.

M2A® Capsule-Informed Consent Form
Procedure at Novi Office.

Explanation of the Procedure:

Your physician has recommended the M2A® Capsule Endoscopy for assessment of your gastrointestinal tract, specifically looking for problems associated with the small bowel. Your physician has advised you of your need for this examination. The following information is presented to help you understand the reasons for, and the possible risks of, this procedure.

You will be scheduled to arrive at the Novi office in the early morning. We will take brief history and will attach some sensors to your abdomen. These sensors are attached to a portable recorder that you will wear in a belt around your waist. You will then swallow the M2A® Capsule and you will be able to leave the Office and go about your daily activities during the examination. You will be asked to return to the office approximately eight (8) hours after you ingest the capsule. The doctor wants you to call the office immediately should you develop nausea, vomiting or abdominal pain after ingesting the capsule. Overall, risks for the procedure are low, but please review the following:

Risks and Possible Complications Involved with the M2A® Capsule Endoscopy:

1. Capsule Endoscopy MAY NOT be recommended if you have, or have had, any of the following: Abdominal Surgery, Crohn's Disease, and Radiation Therapy to the abdomen, difficulty swallowing, a previous intestinal obstruction or Diabetes. Your physician will discuss the risks associated with the above factors and will advise you accordingly.
2. Capsule Endoscopy is NOT recommended if you have a pacemaker, or are pregnant. Capsule Endoscopy is not currently recommended for children.
3. The risks associated with the capsule are that the capsule may become lodged in the gastrointestinal tract creating a blockage, which may require surgical removal. The capsule could also find a fistula or small defect in the bowel and become lodged or perforate the intestine, also requiring surgical removal and/or resection of that area of the bowel.
4. I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.
5. I understand that due to variations in a patient motility, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost and this may result in the need to repeat the capsule procedure.

I certify that I understand the information regarding M2A® Capsule Endoscopy. I have been fully informed of the risks and possible complications thereof. I consent to swallowing the M2A capsule to create a visual record of my gastrointestinal tract for professional purposes.

I hereby authorize and permit my doctor and whomever he may designate as his assistant(s) to perform a M2A® Capsule Endoscopy upon me. If a situation arises which is not an emergency, I understand that every attempt will be made to inform me of any additional treatment or procedures required and their subsequent risks. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of this procedure.

Patient Signature (or Legal Representative)

Date

Witness Signature

Date

2/16/2018

A. Notifier:

B. Patient Name: _____ C. Identification Number: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D. M2A Video Capsule** below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D. M2A Video Capsule** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
M2A Video Capsule Endoscopy CPT code: 91110	Policy Coverage states: Obscure GI bleed & Angiodysplasia Suspected & Know Crohns Disease Small Bowel Neoplasm Malabsorption Syndrome Colitis *Prerequisites are Colonoscopy, EGD, also for Dx: Crohns add Small bowel x-ray	\$1400.00 Medicare rate 2018 Fee Schedule \$920.10

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D. M2A Video Capsule** listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> OPTION 1. I want the D. <u>M2A Video Capsule</u> listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles. <input type="checkbox"/> OPTION 2. I want the D. <u>M2A Video Capsule</u> listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed. <input type="checkbox"/> OPTION 3. I don't want the D. <u>M2A Video Capsule</u> listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

**M2A® Capsule Endoscopy Notice
Procedure at Novi Office**

Patient Name: _____

Insurance Company: _____

Policy # _____

Group # _____

NOTE: You need to make a choice about receiving these health care items or services.

We expect that your insurance may not pay for a M2A Endoscopy. Your insurance may not pay for all of your health care costs. Your insurance may only pay for covered items and services when their rules are met. The fact that your insurance company may not pay for a particular item or service **does not mean that you should not receive it.** There may be a good reason your doctor recommended it. Right now, in your case, **your insurance may not pay for a M2A Capsule Endoscopy.**

The purpose of this form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should **read this entire notice carefully.**

- Ask us to explain, if you don't understand why your insurance probably won't pay.
- You may want to check your insurance first, to do this, ask if they pay for Procedure Code #91110 with Diagnosis code # _____.
- Ask us how much these items or services will cost you; **(Estimated Physician Cost \$1400.00)** in case you have to pay for them yourself or through other insurance.
- No hospital charges apply to this procedure; it is performed at the Novi Office.

PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN & DATE YOUR CHOICE.

Option 1. YES. I want to receive these items or services.

I understand that my insurance may decide not to pay for a M2A Endoscopy. Please submit my claim to my insurance company. If my insurance denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have.

Option 2. NO. I have decided not to receive these items or services.

I will not receive these items or services. I understand that you will not be able to submit a claim to my insurance.

Signature of patient or person acting on patient's behalf

Date

Note: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to your insurance, your health information on this form may be shared with your insurance. Your health information, which your insurance sees, will be kept confidential.