

Designated Patient-Centered Specialty Practice

26850 Providence Parkway, Suite 350, Novi, MI 48374

22250 Providence Drive, Suite 703, Southfield, MI 48075

Phone (248) 662-4110 Fax (248) 662-4120

Phone (248) 569-1770 Fax (248) 443-2439

Instructions for Upper Double Balloon Enteroscopy (examination of your upper small bowel) at Providence Hospital with Dr Stawick

Dear patient,

Thank you for scheduling your procedure with our office. Please make sure to read through the instruction packet thoroughly. Once you have done that, if you still have questions, please contact the office. For after hour emergencies you can also call our answer service Perfect Serve at 866-830-7280.

IMPORTANT THINGS TO REMEMBER

- Please make sure to **follow the instructions** for your prep thoroughly. Please pay special attention to all dietary and medication restrictions. Review everything on **page 2** of these date sensitive instructions.
- Follow the bowel prep for the day before: Purchase 119gr. Bottle of Miralax or Dicolax Balance with 32 oz. of any clear liquid. Water, tea, coffee, crystal light, 7-up, cola, ginger ale.
- If you are taking any blood thinners, a fax will be sent to your prescribing doctor for clearance to stop the medication.
- If you are having a Double Balloon Enteroscopy, it is the patient's responsibility to **contact their insurance** company to make sure that this is a covered procedure. Please **check with your insurance** to understand your benefits prior to having a medical procedure. Please review, **sign and send back pages 5 &/or 6.** Medicare, part B, does not require a referral. If your commercial insurance company requires a referral, it is the patient's responsibility to obtain this from their primary care physician. If you require a prior authorization for your procedure let us know and we will call.
- You **MUST have a driver.** They have to remain at the facility and drive you home after your procedure.
- You are **going to the outpatient surgery center, not the office;** see **maps on page 7.**
[Providence Hospital Main entrance- Southfield](#)
16001 W. 9 Mile Rd. @ Greenfield
Southfield, MI 48075
- If you need to cancel your procedure, please contact the office as soon as possible. If the office is closed, you will be directed to the answering service. Office hours are 8:00 a.m. to 4:00 p.m. To reschedule procedures talk to the front desk receptionist, please do not leave a message on any machine, this will delay the process.
- If you require any special services during your procedure please inform office.

Again, *thank you* for choosing our office to have your procedure!

Providence Staff and Doctors

PROVIDENCE

GASTROENTEROLOGY

Designated Patient-Centered Specialty Practice

26850 Providence Parkway, Suite 350, Novi, MI 48374
22250 Providence Drive, Suite 703, Southfield, MI 48075

LAURENCE E. STAWICK, M.D., A.G.A.F.

Phone (248) 662-4110 Fax (248) 662-4120
Phone (248) 569-1770 Fax (248) 443-2439

Use surgery **date and time given by staff member** **Please arrive 1 hour earlier** from your scheduled time for registration, nurse and pre anesthesia interview.

Location: See Maps on Page 7

Providence Hospital Main entrance- Southfield

16001 W. 9 Mile Rd. @ Greenfield
Southfield, MI 48075
use the 9 Mile entrance,

If you are **unable to keep your appointment**, call the office **48 hours in advance** to cancel the procedure.
Note: Any less time to cancel or reschedule may result in a charge for set up, boarding and rescheduling.

2 wks. Prior	1. If you take Diet pills not limited to but including, Phenteramine (Phen-Phen Diet Pills), stop this and any type of diet medication 2 weeks prior to procedure.
1 Wk. Prior	1. DO NOT EAT foods containing small seeds (nuts, tomatoes, cucumbers, rye, popcorn, sesame, caraway, poppy and grapes). 2. Stop Iron , 1 week before your procedure.
7-5-2 days prior	3. If you take the following medications, stop according to medical guidelines. If you are a heart patient and taking these medications, consult your cardiologist prior to stopping. • Stop Effient (prasugrel) 7 days prior. • Stop Coumadin (warfarin), Plavix (clopidogrel) & Brilinta (ticagrelor) 5 days prior. • Stop Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban) & Savaysa (edoxaban) 2 days prior.
DAY BEFORE	1. After a lunch the day before, 1:00 pm , start on clear liquids only . At 6 pm , take 119gr. Bottle of Miralax or Ducolax Balance with 32 oz. of any clear liquid . Water, tea, coffee, crystal light, 7-up, cola, ginger ale. During bowel preparation you will lose significant amounts of fluid. THIS IS NORMAL . It is very important that you replace this fluid to prevent dehydration. Drink large amounts of clear liquids. Drinking large amounts of clear liquids also helps ensure that your bowel will be clean for the examination. 2. TAKE NOTHING BY MOUTH AFTER 10 p.m.
Day Of Procedure	1. On the morning of your examination, take your heart and/or blood pressure medication between 5 & 6 a.m. with a small sip of water Please brush your teeth, do not swallow toothpaste. After your shower, do not use body lotion . NO gum or hard candy. No diabetic medicine. 2. Do not eat until after your procedure. 3. If your procedure begins after 11 a.m., you may have a clear liquids; this must be done 3 hours prior. Nothing by mouth 3 hours prior to the procedure. 4. Bring someone with you to stay during your procedure and take you home. If you arrive alone, your examination will be cancelled. 5. Please be on time . If you are late, you will be the cause of major delays for all other patients' undergoing similar examinations. Furthermore, if you are late, your examination may be cancelled so that the schedule for other patients can be maintained.
After Procedure	1. After you are discharged , return home. Do not drive , operate machinery, or drink alcoholic beverages for 18-24 hours . 2. If you have any complications (vomiting, abdominal pain, tenderness, fever or bleeding) after returning home, call the office at 248-662-4110, after 4 p.m. call the answering service at 866-830-7280.

Double Balloon Enteroscopy

Key Points

- Balloon assisted or "deep" enteroscopy is a procedure which allows advancement of a long endoscope into the small intestine for both diagnostic and therapeutic purposes.
- The Double Balloon Enteroscopy (DBE) system, which uses two balloons that provide deep access into the small bowel.
- The balloon assisted enteroscopy technique advances the endoscope through the small bowel by alternately inflating and deflating balloons, and bringing the small bowel to the endoscopist by pleating the bowel over an overtube, just like pulling a curtain over a rod.
- The procedure can be performed via the upper gastrointestinal (GI) tract (antegrade) or through the lower GI tract (retrograde).
- The procedure requires sedation or anesthesia and may take several hours. On rare occasions, X-ray or fluoroscopy may be used for better localization.
- The procedure may be indicated for patients who have problems in the small intestine including bleeding, strictures, abnormal tissue, polyps, or tumors.
- Therapies using the balloon assisted enteroscopy scope include treatment of bleeding lesions, dilation (stretching open) of strictures, removal of polyps or masses, biopsy of abnormal tissue, and removal of foreign objects.
- Balloon Enteroscopy is a safe procedure with risks similar to those for colonoscopy or upper endoscopy (EGD). Rare instances of mild pancreatitis or ileus (less than one percent) have been reported.

BACKGROUND:

The small bowel is approximately 20 feet in length and, historically was an inaccessible part of the gastrointestinal tract. In 2001 the FDA approved the use of the first wireless video capsule endoscopy system which allowed unprecedented visualization of lesions and abnormalities in the small bowel. This technology created the need for therapeutic intervention in the small bowel, and the deep enteroscopy systems were developed to allow non-surgical treatment and biopsy of small bowel pathology. Through this new technique, many treatments of the small bowel are now possible including stricture dilation, polyp removal, tissue sampling, and various hemostatic procedures to stop active blood loss or destroy bleeding lesions. In some instances, therapy with a balloon assisted enteroscope may allow patients to avoid surgical intervention on the small bowel.

PROCEDURE:

Balloon assisted or deep enteroscopy can be performed in an outpatient or inpatient setting and may require several hours, depending on the therapy required. It is often performed with general anesthesia, although some patients may require only moderate sedation. Fluoroscopy, or the use of X-ray, may be employed during the procedure. Most procedures are performed through the mouth (antegrade), although the retrograde approach, through the rectum, may allow better access to lesions in the lower part of the small bowel.

RISKS:

The risks of the procedure are similar to those for colonoscopy and upper endoscopy (EGD) and include bleeding, perforation, and complications of sedation. Unique to balloon enteroscopy are the risks of ileus (transient slowing of the bowel) and pancreatitis, which occur in less than one percent of procedures.

INDICATIONS:

The indications for balloon assisted enteroscopy include the need for treatment of small intestinal lesions found on other gastrointestinal exams, such as capsule endoscopy or CT scan. The procedure is not used as a first line therapy and is performed only after careful evaluation by a specially trained gastroenterologist. Most procedures are done for bleeding lesions seen on capsule endoscopy, worrisome lesions or masses seen by other modalities, polyps in patients with hereditary syndromes, retained foreign objects, and small bowel strictures.

THERAPIES:

As noted above, therapies include treatment of bleeding lesions such as angioectasias, dilation of strictures using a hydrostatic balloon dilator, removal by snare or biopsy of polyps or small bowel masses, retrieval and removal of foreign objects or retained capsules, and biopsy of abnormal tissue. Balloon assisted enteroscopy has also been used in gaining access to parts of the gastrointestinal tract in patients with surgically altered anatomy.

CONTRAINDICATIONS:

Patients who are not medically stable should not undergo balloon assisted enteroscopy. Those who have had extensive abdominal surgeries may be poor candidates because of adhesions or altered anatomy which may prevent the scope from advancing.

Due to the ever-changing insurance industry we require an Advance Benefit Notification (ABN) on file prior to your procedure. Please check with your insurance to understand your benefits prior to having a medical procedure.

If you have a **Medicare Policy, please sign** the Advance Beneficiary Notice of Non-coverage (ABN) on **Page 5** and mail or fax it to us.

If you have a **Commercial Insurance Policy, please sign** the form on **Page 6** and mail or fax it to us.

- 1) Please check with your insurance to understand your benefits prior to having a medical procedure.
- 2) Please ask your commercial insurance company if you need a prior authorization. If a prior authorization is required, give the office a call and let us know. Medicare does not require an authorization at this time.
- 3) We will call and get your procedure approved.

The insurances we have on file for you are listed below.

Primary Insurance: _____ Phone #: _____

ID#: _____ Group: _____

Insured Name: _____ DOB: _____

Secondary Insurance: _____ Phone #: _____

ID#: _____ Group: _____

Insured Name: _____ DOB: _____

Please send the signed insurance forms to:
26850 Providence Parkway, Suite 350, Novi, MI 48374, Fax (248) 662-4120

A. Notifier: (Get your scheduled codes from secretary at the office when you make the appointment)

B. Patient Name: _____ **dob** _____ C. Medicare ID#: _____

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for **D. Double Balloon Enteroscopy** 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. Double Balloon Enteroscopy** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Colonoscopy <u>YOUR PROCEDURE</u> <input type="checkbox"/> Double Balloon Enteroscopy CPT code 47999	Frequency- (Medicare limit- 1 Screening Colonoscopy every 10 years) <u>YOUR REASON FOR APPT:</u> <input type="checkbox"/> Partial Obstruction Intestine K56.600 <input type="checkbox"/> Small Bowel Mass/Polyp K63.89 <input type="checkbox"/> _____	Physician Charges 800.00 <u>Other charges call Facility</u> Providence Southfield 248-849-3474

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. Double Balloon Enteroscopy** 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.

OPTION 1. I want the **D. Double Balloon Enteroscopy** 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.

OPTION 2. I want the **D. Double Balloon Enteroscopy** 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.**

OPTION 3. I don't want the **D. Double Balloon Enteroscopy** 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: _____

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

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.

ABN Commercial Insurance Coverage & Colonoscopy Exams

Important – Please Read

After having your colonoscopy exam, your insurance policy is billed. Usually there are 3-5 claims submitted to your insurance: a doctor's fee, a facility fee, an anesthesia fee, a CRNA nurse fee and possibly a lab fee (if polyps or biopsies were taken). Our office is only responsible for the "doctors billing" portion of your procedure. **Physician Charge- Double Balloon Enteroscopy approx. \$ 800.00** (NOTE: Insurance companies have a contracted discounted price)

Billor for Stawick; number is 248-662-4116.

If you have questions in regards to facility bills, anesthesia bills, or lab bills, you must contact those billing departments' separately. **Facilities has their own fees, the following locations may be able to help you.**

Providence Southfield, 248-849-3474

It is always wise to check your insurance benefits, co pays, & deductibles prior to your exam. Because of the extremely large volume of patients we see, it is impossible for our office to check your policy. We ask that you take on the responsibility of checking your own health insurance contract. **It is important to know that YOU are responsible to understand the terms of your own policy, not the doctor.**

To ask questions regarding your insurance policy there's usually customer service phone numbers on your card for you to contact a representative.

If a polyp is found & removed during the exam, again your insurance will be billed for the lab charges. This may also mean that you will be obligated to pay for any co pays deductibles associated with your policy.

We would like you to know that our #1 priority is to save lives & to help prevent and treat colorectal diseases. Please understand that we do not write your insurance policy, nor do we have control over what your insurance pays for or doesn't pay for. We merely perform the exam and bill your insurance policy; THAT IS IT! We are here to help you if you do have insurance issues, but again if you have questions or problems talk to an insurance representative first.

Here are some helpful questions to ask you insurance representative prior to your exam.

1. Am I covered for a Double Balloon Enteroscopy?
2. What happens if polyps are found and removed during the exam? Will I have to pay a co pay or deductible?
3. What are the maximum payments my policy will allow for a Double Balloon Enteroscopy?
4. What are my annual co pays and or deductibles? Have they been met? Is the doctor I'm scheduled with in my network?
5. Does this insurance require a prior authorization?

Procedure Code: Get your scheduled codes from secretary at the office when you make the appointment

Double Balloon Enteroscopy, CPT 47999

Diagnosis Code(s) for the appointment: Partial Obstruction Intestine **K56.600** Small Bowel Mass/Polyp **K63.89**

Other: _____

I acknowledge that I have read the above statement and will be responsible for my deductible, co-pay, and out-of pocket expenses in the event that my insurance company does not cover my scheduled colonoscopy.

Please sign, date and return to our office by mail or fax, form must be in file prior to procedure.

26850 Providence Parkway, Suite 350, Novi, MI 48374, Fax (248) 662-4120

Name:

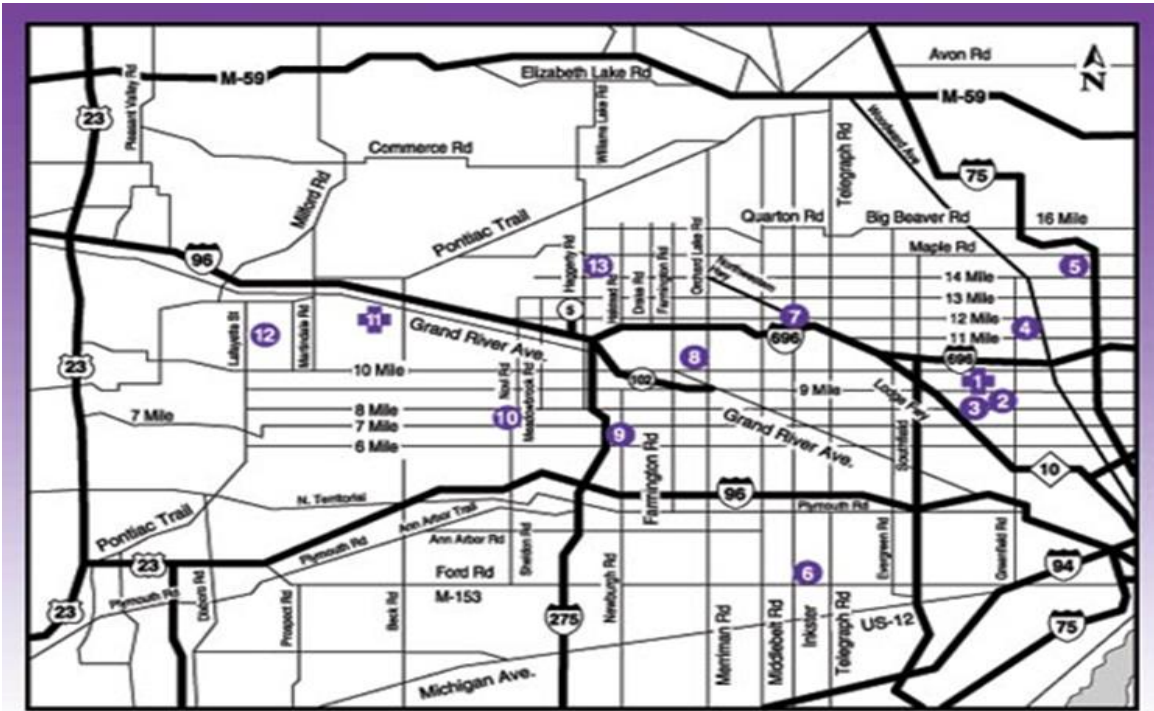
Date of birth:

Patient's Signature:

Date

Providence Hospital Southfield #1 on Map

[Providence Hospital Main entrance-Southfield](#), 16001 W. 9 Mile Rd. @ Greenfield, Southfield, MI 48075



Southfield Campus Map Endoscopy, use 9 mile Entrance

