

Instructions for an Lower Endoscopic Ultrasound (EUS) examination of your upper gastrointestinal tract using ultrasound at Providence with SORSER, SERGE A

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.
- 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 procedure, 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 page 6 & 7**. 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 your commercial insurance company requires an authorization please let us know and we can 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 **8 & 9**.
- 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!

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

@Location: See Maps on Page 8 & 9

Providence Hospital Main entrance- Southfield
16001 W. 9 Mile Rd. @ Greenfield
Southfield, MI 48075
use the 9 Mile entrance,

Providence Park Hospital, Outpatient Center - Novi
47601 Grand River Ave @ Beck
Novi, MI 48374
the 2nd floor of the Outpatient Building

Providence Novi Outpatient Building door has a pyramid canopy with a statue of two nuns in front and is the building facing Grand River Ave.

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.

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. Stop Iron , 1 week before your procedure.
7-5-2 days prior	2. 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. <ul style="list-style-type: none"> • 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. Take nothing by mouth after midnight and please remove any dark finger nail polish . 2. Nothing to eat or drink after midnight . 3. If you are diabetic , Please hold your diabetic medication the night before your procedure and the morning of . If you need help with medication dosage, please ask your primary doctor
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. DO NOT EAT . 2. Do not eat or drink anything on the morning of your examination after medicine . 3. If your procedure begins after 12 p.m. (noon), nothing by mouth 4 hours prior . 4. Morning: use 2 Fleet Enemas (2 hours before appointment) 5. Bring someone with you to stay during your procedure and take you home. If you arrive alone, your examination will be cancelled. 6. 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 during normal business hours 8 a.m. to 4 p.m., after 4 p.m. call the answering service at 866-830-7280, and your doctor will be contacted.

Understanding EUS (Endoscopic Ultrasonography)

You've been referred to have an endoscopic ultrasonography, or EUS, which will help your doctor, evaluate or treat your condition. This brochure will give you a basic understanding of the procedure - how it is performed, how it can help, and what side effects you might experience. It can't answer all of your questions, since a lot depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand.

Endoscopists are highly trained specialists who welcome your questions regarding their credentials, training and experience.

What is EUS?

EUS allows your doctor to examine the lining and the walls of your upper and lower gastrointestinal tract. The upper tract is the esophagus, stomach and duodenum; the lower tract includes your colon and rectum. EUS is also used to study internal organs that lie next to the gastrointestinal tract, such as the gall bladder and pancreas. Your endoscopist will use a thin, flexible tube called an endoscope. Your doctor will pass the endoscope through your mouth or anus to the area to be examined. Your doctor then will turn on the ultrasound component to produce sound waves that create visual images of the digestive tract.

Why is EUS done?

EUS provides your doctor more detailed pictures of your digestive tract anatomy. Your doctor can use EUS to diagnose the cause of conditions such as abdominal pain or abnormal weight loss. Or, if your doctor has ruled out certain conditions, EUS can confirm your diagnosis and give you a clean bill of health.

EUS is also used to evaluate an abnormality, such as a growth, that was detected at a prior endoscopy or by x-ray. EUS provides a detailed picture of the growth, which can help your doctor determine its nature and decide upon the best treatment.

In addition, EUS can be used to diagnose diseases of the pancreas, bile duct and gallbladder when other tests are inconclusive.

Why is EUS used for patients with cancer?

EUS helps your doctor determine the extent of certain cancers of the digestive and respiratory systems. EUS allows your doctor to accurately assess the cancer's depth and whether it has spread to adjacent lymph glands or nearby vital structures such as major blood vessels. In some patients, EUS can be used to obtain tissue samples to help your doctor determine the proper treatment.

How should I prepare for EUS?

For EUS of the upper gastrointestinal tract, you should have nothing to eat or drink, not even water, usually six hours before the examination. Your doctor will tell you when to start this fasting.

For EUS of the rectum or colon, your doctor will instruct you to either consume a large volume of a special cleansing solution or to follow a clear liquid diet combined with laxatives or enemas prior to the examination. The procedure might have to be rescheduled if you don't follow your doctor's instructions carefully.

What about my current medications or allergies?

Tell your doctor in advance of the procedure about all medications that you're taking and about any allergies you have to medication. He or she will tell you whether or not you can continue to take your medication as usual before the EUS examination. In general, you can safely take aspirin and nonsteroidal anti-inflammatories (Motrin, Advil, Aleve, etc.) before an EUS examination, but it's always best to discuss their use with your doctor. Check with your doctor about which medications you should take the morning of the EUS examination, and take essential medication with only a small cup of water.

If you have an allergy to latex you should inform your doctor prior to your test. Patients with latex allergies often require special equipment and may not be able to have an EUS examination.

Do I need to take antibiotics?

Antibiotics aren't generally required before or after EUS examinations. But tell your doctor if you take antibiotics before dental procedures. If your doctor feels you need antibiotics, antibiotics might be ordered during the EUS examination or after the procedure to help prevent an infection. Your doctor might prescribe antibiotics if you're having specialized EUS procedures, such as to drain a fluid collection or a cyst using EUS guidance. Again, tell your doctor about any allergies to medications.

Should I arrange for help after the examination?

If you received sedatives, you won't be allowed to drive after the procedure, even if you don't feel tired. You

should arrange for a ride home. You should also plan to have someone stay with you at home after the examination, because the sedatives could affect your judgment and reflexes for the rest of the day.

What can I expect during EUS?

Practices vary among doctors, but for an EUS examination of the upper gastrointestinal tract, your endoscopist might spray your throat with a local anesthetic before the test begins. Most often you will receive sedatives intravenously to help you relax. You will most likely begin by lying on your left side. After you receive sedatives, your endoscopist will pass the ultrasound endoscope through your mouth, esophagus and stomach into the duodenum. The instrument does not interfere with your ability to breathe. The actual examination generally takes between 15 to 45 minutes. Most patients consider it only slightly uncomfortable, and many fall asleep during it. An EUS examination of the lower gastrointestinal tract can often be performed safely and comfortably without medications, but you will probably receive a sedative if the examination will be prolonged or if the doctor will examine a significant distance into the colon. You will start by lying on your left side with your back toward the doctor. Most EUS examinations of the lower gastrointestinal tract last from 10 to 30 minutes.

What happens after EUS?

If you received sedatives, you will be monitored in the recovery area until most of the sedative medication's effects have worn off. If you had an upper EUS, your throat might be sore. You might feel bloated because of the air and water that were introduced during the examination. You'll be able to eat after you leave the procedure area, unless you're instructed otherwise.

Your doctor generally can inform you of the results of the procedure that day, but the results of some tests will take longer.

What are the possible complications of EUS?

Although complications can occur, they are rare when doctors with specialized training and experience perform the EUS examination. Bleeding might occur at a biopsy site, but it's usually minimal and rarely requires follow-up. You might have a sore throat for a day or more. Nonprescription anesthetic-type throat lozenges and painkillers help relieve the sore throat. Other potential, but uncommon, risks of EUS include a reaction to the sedatives used; backwash of stomach contents into your lungs; infection; and complications from heart or lung diseases. One major, but very uncommon, complication of EUS is perforation. This is a tear through the lining of the intestine that might require surgery to repair.

The possibility of complications increases slightly if a deep needle aspiration is performed during the EUS examination. These risks must be balanced against the potential benefits of the procedure and the risks of alternative approaches to the condition.

Additional Questions?

If you have any questions about your need for EUS, alternative approaches to your problem, the cost of the procedure, methods of billing or insurance coverage, do not hesitate to speak to your doctor or doctor's office staff about it.

ASGE Patient Education brochures are available for purchase in packs of 50. [Download order form.](#)

ASGE - The Source for Colonoscopy and Endoscopy

IMPORTANT REMINDER:

The preceding information is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition

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 6** and mail or fax it to us.

If you have a **Commercial Insurance** Policy, **please sign** the form on **Page 7** 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.

For proper billing please make sure we have your most current insurances on file.

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

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

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for **D. Upper Endoscopic Ultrasound (EUS)** 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. Upper Endoscopic Ultrasound (EUS)** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
DEPENDS ON WHAT DOCTOR PERFORMS AT THE TIME OF EUS <u>Upper Endoscopic Ultrasound</u> <input checked="" type="checkbox"/> pancreas 43237 \$525 <input checked="" type="checkbox"/> pancreas with needle aspiration 43238 \$600 <input checked="" type="checkbox"/> with FN biopsy 43242 \$600 <input checked="" type="checkbox"/> EGD with EUS 43259 \$600	Frequency- (Medicare limit) YOUR REASON FOR APPT: <input checked="" type="checkbox"/> <u>get diagnosis from office</u>	Physician Charges SEE LEFT COLUMN <u>Other charges call Facility</u> Providence Southfield 248-849-3474 Prov. Park Novi 248-465-4120

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. Lower Endoscopic Ultrasound (EUS)** 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. Lower Endoscopic Ultrasound (EUS)** 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. Lower Endoscopic Ultrasound (EUS)** 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. Lower Endoscopic Ultrasound (EUS)** 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

Important – Please Read

After having your endoscopy 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).

Dr. Sorser's office is only responsible for the "doctors billing" portion of your procedure. **Physician Charge- EUS with biopsy approx. \$ 525-600 (NOTE: Insurance companies have a contracted discounted price).**

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 Park Novi, 248-465-4120	Providence Southfield, 248-849-3474
---	--

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.** It is always wise to check your insurance benefits, co pays, & deductibles prior to your endoscopy exam.

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

We would like you to know that our #1 priority is to save lives & to help prevent and treat digestive 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. Do I have to go to a certain location or see a "network doctor"? If so, ask if the surgery center and doctor are still in network.
2. What are the maximum payments my policy will allow for this exam?
3. What are my annual co pays and or deductibles'? Have they been met? Is the doctor I'm scheduled with in my network?
4. Does this insurance require a prior authorization?

You are scheduled for an Lower Endoscopic Ultrasound **COST DEPENDS ON WHAT DOCTOR PERFORMS AT THE TIME OF EUS**

Sigmoid w US 45341 \$375 , Sigmoid w Bx US 45342 \$550, Colon w US 45391 \$800, Colon w FNB US 45392 \$650

Diagnosis Code(s) for the appointment: _____

(Get your scheduled codes from secretary at the office when you make the appointment)

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 procedure.

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 Park Novi #11 on Map

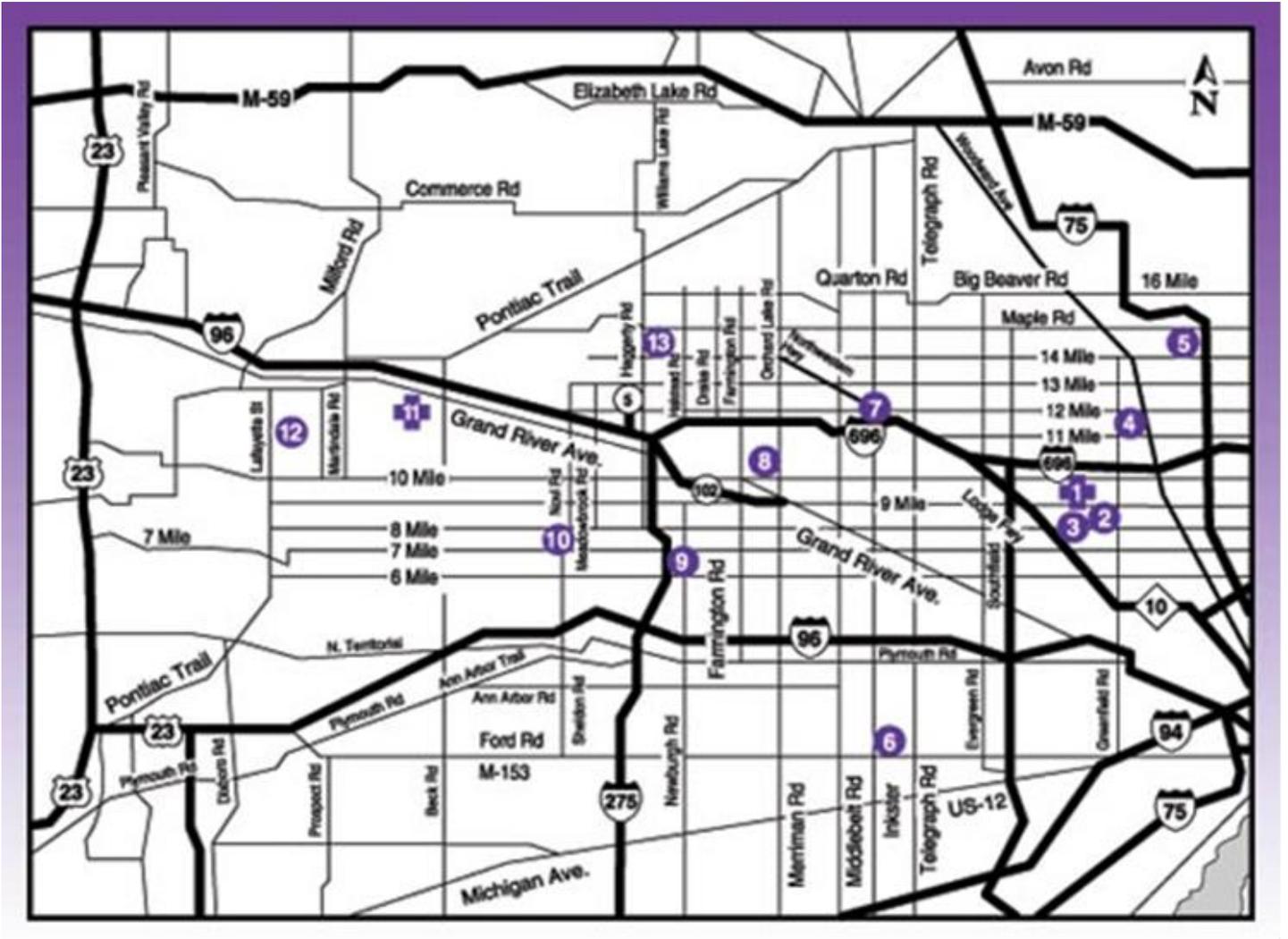
[Providence Hospital Main entrance- Southfield](#)

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

[Providence Park Hospital, Outpatient Center - Novi](#)

47601 Grand River Ave @ Beck
Novi, MI 48374

use the 9 Mile entrance

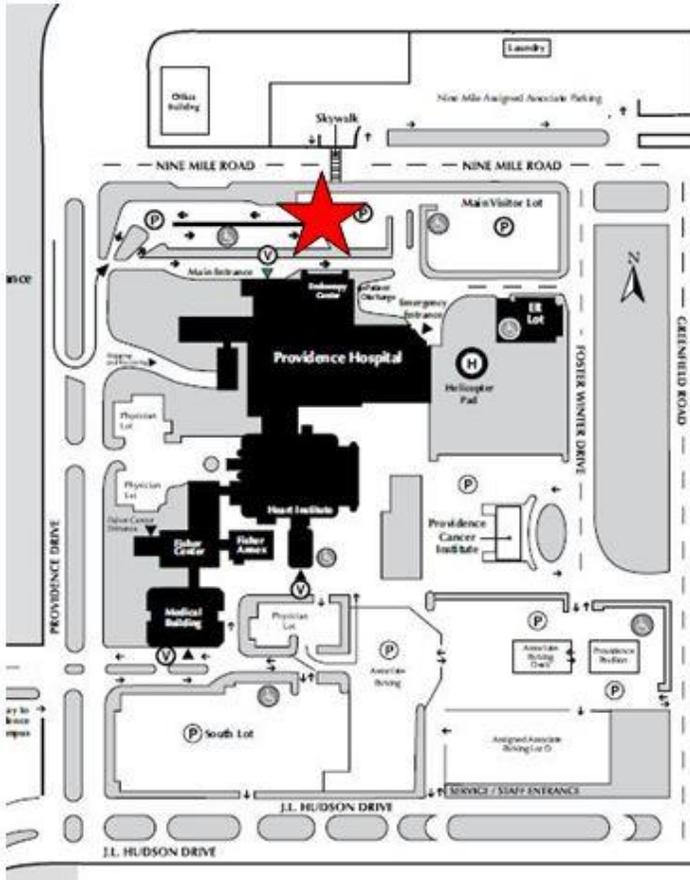


[Providence Hospital Main entrance- Southfield](#)

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

Southfield Campus Map

Endoscopy, use 9 mile Entrance



[Providence Park Hospital, Outpatient Center - Novi](#)

47601 Grand River Ave @ Beck
Novi, MI 48374

Main **Outpatient Building** door has a **pyramid canopy** with a **statue of two nuns** in front and is the building facing Grand River Ave.

Novi Campus Map

Endoscopy, use Outpatient Center Entrance

1. Providence Endoscopy on 2nd floor

