

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
Endoscopy Day Hospital
114 Woodland Street
Hartford, CT 06105

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You have been scheduled for the following procedure in the Endoscopy Day Hospital.

Procedure Date: _____ **Time of Arrival:** _____ **Time of procedure:** _____

___ COLONOSCOPY – FOLLOW ENCLOSED PREPARATIONS. (On the Web: www.gastroct.com)

___ ENDOSCOPY- NOTHING BY MOUTH FROM MIDNIGHT THE NIGHT BEFORE

You are to stop the following medication 5 days prior the procedure: Iron, Persantine, Aspirin or Aspirin containing products, Bufferin, Arthritis medication, blood thinning agents (example: Plavix, Heparin, Coumadin) If you are on any weight loss medications, see below.

Daily weight loss medications hold day of procedure.

Weekly weight loss medications hold a week prior to procedure. (Please consult with your endocrinologist)

14 Business Days advanced notice is required for cancellation/rescheduling of your procedure or a fee of 150.00 will be billed to the patient from the providers office list codes below are providers charges ONLY.

PATIENT IS RESPONSIBLE TO CHECK FULL COVERAGE WITH YOUR INSURANCE CARRIER BEFORE THE DATE OF YOUR SCHEDULED OUTPATIENT PROCEDURES. THIS INCLUDES, BUT NOT LIMITED TO OBTAINING AN INSURANCE REFERRAL FROM YOUR PRIMARY CARE PHYSICIAN. IF ONE IS REQUIRED AND CHECKING WITH YOUR INSURANCE CARRIER BENEFIT DEPARTMENT TO DETERMINE IF THERE WILL BE ANY OUT OF POCKET EXPENSES. EXAMPLES ARE CO-PAYS, COINSURANCE, AND DEDUCTIBLES.

Colonoscopy Categories:

code:45378 Cost \$1300.00

Colonoscopy w Biopsy Code: 45380 Cost \$1500.00

Colonoscopy Snare Polyp Code: 45385 Cost \$1550.00

Endoscopy Code: 43235 Cost \$1200.00

EGD with Biopsy Code 43239 Cost \$1400.00

Diagnostic Colonoscopy (CPT code 45379, Propofol Anesthesia CPT code 00810 or 00812)

Patient has past and/or present gastrointestinal symptoms, polyps, or gastrointestinal disease.

Pathology Cost (only if applicable /when a polyp or a growth is detected which results in a biopsy or a removal of the growth.

Preventive Colonoscopy (Screening CPT code 45378, High Risk CPT Code 45379, Propofol Anesthesia CPT code 00810 or 00812)

**Patient has no symptoms (no gastrointestinal symptoms either past or present) and is over the age of 45. This is determined in the pre-operative process. The patient has not undergone a colonoscopy within the last 10 years.*

**Patient has no symptoms under the age 45 (no gastrointestinal symptoms either past or present) with a 1st degree family history of colon polyps or colon cancer (1st degree is mom, dad, sister, brother, daughter, son). Your primary care physician may refer you for a “Screening”*

colonoscopy; however, you may not be qualified for the “screening” category. This is determined in the pre-operative process/visit. Before the procedure, you should know your colonoscopy category. After establishing what type of procedure, you are having you can do some research.

EGD (upper scope) CPT code 43235, Propofol Anesthesia CPT code 00740 or 00731 or 00732

Propofol Anesthesia is used with most of our procedures. You will need to ask your insurance representative if you are covered. **The CPT Code is 00810, 00812, 00731, 00732 or 00740 depending on your procedure (see above) Some out of state plans may not be cover Anesthesia. Please call Woodland Anesthesia billing office 860-714-6654 to verify cost.**

***Please contact our office if you are not covered for Propofol anesthesia as this could be an out-of-pocket cost of approximately \$1,000.**

Who will Bill me?

You may receive bills from separate entities associated with your procedure, such as the physician, facility, anesthesia, pathologist and/or laboratory.

How will I know what I will owe?

Gather your personal coding information (see above), obtain the preoperative CPT and the facility name from your scheduler.

Places of Service:

St. Francis Hospital & Medical Center (Outpatient Hospital) – 114 Woodland St, Hartford, CT.
St. Francis GI Endoscopy, LLC (Ambulatory Surgical Center) – 360 Bloomfield Ave, Windsor, CT.

You will register at the desk at the admitting office (2ND Floor of the hospital)

You have been asked to arrive one (1) hour prior to your procedure to allow for the following:
Nursing interview regarding your medical history.
Starting of an intravenous (for the medication during the procedure) as ordered by your doctor.
Explanation of procedure, discharge instruction sheet and signature of consent.

A family member or friend may wait with you before and after the procedure.
If you are under eighteen (18) years of age, a parent or legal guardian must accompany you for signature of consent.

Discharge Instructions:

The anticipated time of discharge is approx. 3 hours from time of arrival. The medication that you will receive (ordered and administered by your physician) will remain in your system approx. eight (8) to twelve (12) hours following the procedure. Therefore, you will not be allowed to leave the unit unattended or to drive your car home. The Safety regulations are mandatory for your protection and if not complied with, may result in the cancellation of your procedure.

Questions regarding medication and/or preparation for your procedure should be referred to your physician's office at 860-522-1171

REMINDER!!! The scheduling facility will reach out to ALL PATIENTS.