

**Saint Francis GI Endoscopy, LLC**

360 Bloomfield Ave

Suite 204

Windsor, CT 06095

Phone: 860-522-1171

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You have been scheduled for the following procedure in the GI Endoscopy Department:

**Procedure Date:** \_\_\_\_\_ **Time of Arrival:** \_\_\_\_\_ **Time of Procedure:** \_\_\_\_\_

\_\_\_ Colonoscopy – Follow enclosed preparations. (on the Web: [www.gastroct.com](http://www.gastroct.com))

\_\_\_ Endoscopy – **NOTHING BY MOUTH FROM MIDNIGHT THE NIGHT BEFORE**

**You are to stop the following medications 5 days prior to the procedure: Iron, Persantine, Aspirin or Aspirin containing products, Bufferin, Arthritis medication, blood thinning agents (examples: Plavix, Heparin)**

**\*\*\*If taking Coumadin, call the office for further instructions\*\*\***

**When you arrive at the facility. Please for your safety and comfort remain in your car. Call 860-683-9991 EXT. 106 Do not enter the building until instructed to do so by staff.**

You have been asked to **arrive forty-five minutes (45 minutes) prior** to your procedure to allow for the following:

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 nurse will contact you via telephone a few days prior to your exam for your interview regarding your medical history.

Due to COVID, all rides must remain outside of the facility.

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

Questions regarding medication and/or preparation for your procedure should be referred to your physician's office at (860) 240-1703

**\*REMINDER!!! You will be contacted via TEXT MESSAGE with your COVID appointment information.**

The scheduling facility will reach out to All patients regarding the COVID-19 test.

**Directions: From I-91 Northbound:** Take I-91 North Towards Springfield, Take exit 37 Bloomfield Ave/Windsor Center, Turn Right on Bloomfield Ave (CT-305E)

**From I-91 Southbound:** Take I-91 South towards Hartford, take Exit #37/Bloomfield Ave/Windsor Center, Turn Left on Bloomfield Ave (CT-305W)



### **Colonoscopy Categories:**

**Diagnostic Colonoscopy** (CPT code 45378, Propofol Anesthesia CPT code 00810 or 00812)

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

**Preventive Colonoscopy** (Screening CPT code G0121, High Risk CPT Code G0105, Propofol Anesthesia CPT code 00810 or 00812)

*\*Patient has no symptoms* (no gastrointestinal symptoms either past or present) and is over the age of 50. 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 50* (no gastrointestinal symptoms either past or present) with a 1<sup>st</sup> degree family history of colon polyps or colon cancer (1<sup>st</sup> 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 the majority 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)**

**\*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.