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A MEDICAL GROUP, INC.

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**Important Information for our Patients About Colonoscopy**

We thank you for choosing Long Beach Gastroenterology Associates to assist you with your healthcare needs. Providing you with high quality healthcare is our first priority.

Prior to scheduling your colonoscopy, our staff will request extremely important information we have determined to be necessary to assist your physician in making the best decisions for your diagnostic work up. We appreciate your cooperation in providing the following:

- A detailed medical history form will be completed to identify any signs or symptoms of the digestive system OR the absence of symptoms.
- It is very important to identify and document any other medical conditions for which you have been under a physician's care, such as diabetes, bleeding disorders, heart and lung conditions. Etc. These conditions may determine if your procedure is performed in an outpatient OR inpatient hospital setting.
- It is also necessary to identify and document ALL medications, over the counter, natural herbs and remedies, or vitamin supplements that you are taking to make the appropriate adjustments to your pre-operative instructions and avoid any unnecessary delays.
- There will also be detailed questions regarding your personal and family history of digestive and colon disease that may impact your diagnosis and physician's decision making.
- Our coding and billing practices are dictated by the terms of your particular Insurance policy, Federal law and the American Medical Association. These regulations can be quite complicated and generate many questions from our patients. We are required to submit our claims based on the documentation in the medical record of the service provided to you. Our Doctors cannot comply with any requests to improperly alter the medical records for the purpose of obtaining payment.

It is our experience that covered benefits, co-payments and deductibles vary greatly from policy to policy. You as the patient will be responsible for payment of all co-payments and deductibles at the time of service as per your contract. Our able, experienced business office staff will be happy to assist you in obtaining the proper authorizations and pre-certifications necessary to obtain maximum reimbursement for your services.

We look forward to providing you with the best in class care.

Respectfully,  
Long Beach Gastroenterology Associates

### **CMS/Medicare Guidelines (Most Insurance Companies follow these Guidelines)**

Medicare covers various colorectal cancer screening methods, including the fecal occult blood test, screening flexible sigmoidoscopy, screening colonoscopy, and screening barium enema. Coverage for some of these procedures varies according to the person's risk for developing colorectal cancer. Beneficiaries are considered to be at high risk for developing colorectal cancer if they have:

- A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyp;
- A family history of adenomatous polyposis;
- A family history of hereditary nonpolyposis colorectal cancer;
- A personal history of adenomatous polyps;
- A personal history of colorectal cancer;
- A personal history of inflammatory bowel disease, including Crohn's Disease and ulcerative colitis.

Medicare coverage for each colorectal cancer screening test or procedure is as follows:

- **Screening flexible sigmoidoscopy(\*)**: Medicare covers a screening flexible sigmoidoscopy once every 4 years for beneficiaries 50 and older who are at high or low risk. If a beneficiary had a screening colonoscopy in the previous 10 years, then the next screening flexible sigmoidoscopy would be covered only after 119 months have passed following the month in which the last screening colonoscopy was performed. A doctor of medicine or osteopathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist may perform a screening flexible sigmoidoscopy.
- **Screening colonoscopy(\*)**: Medicare coverage for a screening colonoscopy is based on beneficiary risk. For beneficiaries not considered to be at high risk for developing colorectal cancer, Medicare covers 1 screening colonoscopy every 10 years, but not within 47 months of a previous screening flexible sigmoidoscopy. For beneficiaries considered to be at high risk for developing colorectal cancer, Medicare covers 1 screening colonoscopy every 2 years, regardless of age. A screening colonoscopy must be ordered and collected by a doctor of medicine or osteopathy.

**(\*)As of January 1, 2007, the Medicare Part B deductible has been waived for these screening tests. However, if the screening test results in the biopsy or removal of a lesion or growth, the procedure is considered diagnostic and the Medicare Part B deductible applies. The beneficiary is liable for paying 20% of the Medicare-approved amount (the coinsurance or copayment) for screening tests performed in a hospital outpatient department or ambulatory surgical center.**