

GASTROENTEROLOGY SPECIALISTS OF FREDERICK, P.A.

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Patient Instructions for Small Bowel Capsule Endoscopy

7 Days before the Capsule Endoscopy: Please stop ingestion of iron pills.

The Day before Capsule Endoscopy:

1. Eat breakfast and lunch.
2. After lunch you may only have clear liquids as listed on the next page. DO NOT EAT ANYTHING SOLID!
3. After 10 p.m. do have anything by mouth except for necessary medication with a sip of water.

Day of Capsule Endoscopy:

1. Do not eat or drink. You may brush your teeth. If possible, **refrain from taking your morning medication until 2 hours after ingesting the capsule.**
2. Arrive at the office at **8 a.m.** for your capsule endoscopy. It is recommended that you wear comfortable clothing. If needed, wear a large coat to accommodate the SensorBelt and DataRecorder™ that you will be wearing day.
3. Please bring your signed consent form with you to the appointment.
4. You will ingest the capsule with a small sip or water. If you feel you may have problems swallowing the capsule you may bring plain apple sauce to help ingest the capsule.

After ingesting the capsule:

1. ***Do not eat or drink for at least 2 hours.*** (10 a.m.) At this time you **can have small sips of clear liquids.**
2. **After 4 hours you may have a light lunch. (at noon)** A light lunch consists of soup, salad, sandwich or bowl of cereal. Please refrain from having anything greasy or fatty.
3. Return to the office at 4:15 p.m. unless otherwise directed by the office.
4. After the examination is completed, you may return to your normal diet.
5. **Contact your physician immediately if you suffer from any abdominal pain, nausea or vomiting during the Small Bowel Capsule Endoscopy.**
6. After ingesting the capsule and until it is excreted, you should not be near any source of powerful electromagnetic fields such as one created near an MRI device or amateur (ham) radio.

Other Important Information:

1. Occasionally, some images may be lost due to radio interference (e.g. from amateur radio transmitter, MRI, etc.). On occasions this may result in the need to repeat the test.
2. The Small Bowel Capsule Endoscopy is considered completed at approximately 8 hours or if the light stops changing color. Do not disconnect the equipment or remove the belt at any time during this period! Since the DataRecorder is actually a small computer, it should be treated with utmost care and protection. Avoid sudden movement and banging of the DataRecorder.
3. During the capsule endoscopy, you should verify every 60 minutes that the small light on top of the DataRecorder is blinking twice per second. If for some reason it stops blinking at this rate, contact the office. This generally means the test is over and you can return the equipment to your doctor's office.
4. Avoid any strenuous physical activity especially if it involves sweating. Avoid bending over or stooping during capsule endoscopy. Do not expose them to shock, vibration or direct sunlight, which may result in loss of information.
5. If you did not positively verify the excretion of the capsule from your body, and you develop unexplained nausea, abdominal pain or vomiting after the study, contact your physician who may recommend an abdominal X-ray examination. Only approximately 30% of patients will visualize passage of the capsule.
6. Undergoing an MRI while the capsule is inside your body may result in serious damage to your intestinal tract or abdominal cavity. If you did not positively verify the excretion of the capsule from your body, you should contact your physician for evaluation and possible abdominal X-ray before undergoing an MRI examination.

OVER for consent

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SMALL BOWEL CAPSULE ENDOSCOPY CONSENT FORM

Capsule endoscopy is an endoscopic examination of the small intestine which utilizes an ingestible capsule device equipped with a miniature video camera to visualize the small intestine. It is NOT intended to examine the esophagus, stomach, or colon. It does not replace upper endoscopy (EGD) or colonoscopy. Other methods used to evaluate the small bowel have been discussed with me.

I understand that there are risks associated with this examination, including BOWEL OBSTRUCTION (blockage). If such occurs I may experience abdominal pain or vomiting and I will contact my physician immediately. An obstruction may require immediate (emergency) surgery or removal by other means.

I understand that due to variations in a patient's intestinal motility, the capsule may only image part of the small intestine (up to 20% of the time). It is also possible that due to interference, some images may be lost and this may result in the need to repeat the capsule endoscopy procedure. I understand and accept that the imaging technology and the reading and interpretation of the data are not 100% accurate and pathology may not be identified or recognized by the technology or by the physician. Other potential risks, which I recognize and accept, include failure to diagnose, equipment failure, inability to complete the procedure, or lack of imaging of the entire small bowel. I further acknowledge that every conceivable risk, complication and consequence, alternative, and benefit has not and cannot be explained, and that complications can occur even if all is performed correctly and appropriately by those involved in my care. No guarantees regarding the procedure or its outcome have been made.

I understand that if the capsule is not seen to enter the large intestine (colon) on the study, I will need to advise my physician if I do not see the capsule in my stool within 2 weeks (note: only approximately 30% of patients will visualize passage of the capsule). In such a situation, my physician may order an abdominal x-ray to determine if the capsule has passed or if it is still in my body. If it has not passed, intervention may be recommended.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam. I understand that images and data obtained from my capsule endoscopy may be used for educational purposes and that my name will be removed.

I have reviewed and understand the information provided to me (which has included Patient Instructions for Undergoing SB Capsule Endoscopy & Frequently Asked Questions). My doctor or Physician Assistant has explained the procedure and its risks to me, along with alternative methods for diagnosis and treatment, and I have been allowed to ask questions concerning the small bowel capsule endoscopy.

I understand that I am financially responsible for the DataRecorder™ and the SensorBelt™.

I authorize the performance of the small bowel capsule endoscopy and agree to proceed.

Name (print)

Signature

Date

PILLCAM™ SB

FREQUENTLY ASKED QUESTIONS (FAQ)

Q: What is the PillCam SB?

A: An ingestible capsule device equipped with a miniature video camera to visualize the small intestine.

Q: How does the PillCam SB work?

A: The smooth plastic capsule has a miniature video camera. It is equipped with a light source, batteries, a radio transmitter and antenna. After it is swallowed, the PillCam SB transmits approximately 50,000 images over the course of an 8 hour period (about 2 images per second) to a DataRecorder fixed to a belt worn around the patient's waist. The small bowel images are then downloaded into a RAPID® workstation computer where a physician can view the images on video monitors and make a diagnosis.

Q: What is the procedure for a patient using the PillCam SB?

A: A patient fasts as directed prior to the exam, then swallows the PillCam SB with a sip of water. Images and data are acquired as the PillCam SB Capsule passes through the digestive system over an 8 hour period. This information is then transmitted via an array of sensors in the SensorBelt to the DataRecorder affixed to a belt worn around the patient's waist.

Q: How long does a procedure with the PillCam SB take?

A: Approximately eight hours.

Q: How long is the recovery time after taking the PillCam SB?

A: Recovery is immediate. A patient can return to a normal routine right away.

Q: How is the PillCam SB removed from the body?

A: The disposable capsule makes its way through the rest of the gastrointestinal tract and is usually then passed naturally and painlessly from the body, usually within 24-48 hours. Only approximately 30% of patients will visualize passage of the capsule.

Q: What is the size of the capsule?

A: The capsule is 11 mm x 26mm (approximately 1" x 1/2") and weighs less than 4 grams.

Q: What are the traditional diagnostic and detection methods for the small bowel?

A: Endoscopy and radiological imaging. In endoscopy, the physician inserts an endoscope, a flexible tube and optical system approximately 3.5 feet long, through the patient's mouth. Typically, this procedure will include sedation and recovery time. During a radiological imaging examination, the patient swallows a contrast medium (such as barium), or a dense liquid that coats the internal organs to make them appear on x-ray film. The procedure produces a series of black and white x-ray images of the lumen, or cavity, of the small intestine.

Q: How does a procedure with the PillCam SB compare to traditional methods?

A: The PiliCam SB procedure does not require sedation and can be administered in a doctor's office. Studies have shown patients undergoing the PillCam SB procedure have a much higher level of satisfaction, as it is convenient, comfortable, and recovery is immediate.

Q: When should I expect to receive the results?

A: The information has to be downloaded to a computer and then your physician has to review the results. Please call the office if you have not received the results within 4 weeks.

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Capsule Endoscopy Intake Form

NEW PATIENT ___ EXISTING PATIENT ___	CALL PATIENT ___ PATIENT WILL CALL ___
Date: _____ Age: _____	
Patient Name	Referring MD
Address	
City/State/Zip	
Tel # Home _____ Work _____ Cell _____	
Other _____	
DOB _____ SS# _____	

Telephone History (completed by/date _____)
1. History of a history of bowel obstruction or stricture? Y N
2. Have you had bowel or intestinal surgery? Y N Type of surgery: _____ Any complications? _____
3. Have you had abdominal radiation therapy? Y N
4a. Have you previously had a capsule endoscopy or swallowed any other ingestible device? Y N
4b. Do you have any difficulty swallow large pills? Y N
5. Do you take diabetes medication? Y N Med, dose, & times: Patient instructions: _____
6. Have you taken ibuprofen, Motrin, Aleve, Aspirin within 30 days of test? Y N
7. Do you have a pacemaker or defibrillator? Y N
8. Do you have a history of Crohn's disease? Y N

Tell Patient (completed by/date _____)
1. Capsule endoscopy is contraindicated in patients with known or suspected bowel obstruction, patients with pacemakers or other implanted electromedical device, and patients suffering from swallowing disorders.
2. Have to come NPO for min. 8 hours and remain NPO for 2 hours after swallowing the capsule. They may eat light meal 4 hours after swallowing the capsule or as directed by physician.
3. Have to wear belt for 8 hours and return to office at 4:15 pm to have the belt removed.
4. Do not have MRI during capsule procedure.
5. Do not take iron products for 1 week prior to exam.

Over for Frequently Asked Questions

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PILLCAM™ SB CAPSULE ENDOSCOPY

CLEAR LIQUID DIET INSTRUCTIONS

These Items ARE Allowed	These Items ARE NOT Allowed
<p>Water</p> <p>CLEAR Beef or Chicken Broth (Bouillon)</p> <p>CLEAR Juices (Strained / No Pulp)</p> <p>Apple Juice, Apple Cider (NO PULP)</p> <p>Grapefruit Juice (NO PULP)</p> <p>Orange, Tang Drink</p> <p>Lemonade (NO PULP)</p> <p>Kool-Aid (No Red Colors)</p> <p>Fruit Flavored Drinks (No Red Colors)</p> <p>Sodas (Ginger ale, Sprite, 7-Up)</p> <p>Tea (No Milk, Cream, or Non-Dairy Creamer)</p> <p>Coffee (No Milk, Cream or Non-Dairy Creamer)</p> <p>Popsicles (No Red, Fruit filled, or Cream)</p> <p>Italian Ices (No Red)</p>	<p>Milk</p> <p>Cream</p> <p>Milkshakes</p> <p>Soups with Vegetables, Rice, Noodles or Creamed</p> <p>Oatmeal</p> <p>Cream of Wheat</p> <p>Grits</p> <p>Cereals of any kind</p> <p>Fruits</p> <p>Cakes</p> <p>Crackers</p> <p>Ice Cream</p> <p>No Gelatins Please</p> <p>ABSOLUTELY <u>NO RED</u> LIQUIDS !!!</p>

GASTROENTEROLOGY SPECIALISTS OF FREDERICK

Prior Authorization Form
Small Bowel Capsule Endoscopy CPT® code 91110

Patient Name: _____
Insurance Company (Please include copies of ALL insurance cards (back & front) (office use)) _____

<p>Reason/Indication:</p> <ol style="list-style-type: none"> 1. Obscure gastrointestinal bleeding 2. Suspected Crohn's disease 3. Known Crohn's disease 4. Celiac disease 5. Suspected small bowel tumor 	<p>Please also circle ALL applicable diagnosis on <u>next page</u></p>
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Circle below ALL symptoms and indications that apply:

- | | |
|---|---|
| R11.2 Nausea & Vomiting | D50.9 Iron deficiency anemia, unspecified |
| R11.1 Vomiting alone | D62 Iron deficiency anemia 2ndary to blood loss (Chronic) |
| R11.0 Nausea alone | R19.7 Diarrhea |
| R70.0 Elevated ESR or CRP. | R63.4 Significant weight loss |
| K92.1 Blood in stool, melena. | R10.84 Abdominal pain, unspecified |
| R19.5 Non specific abnormal findings in stool | R10.11 Abdominal pain, RUQ |
| K92.2 Hemorrhage of GI tract, unspecified | R10.12 Abdominal pain, LUQ |
| K50.90 Regional enteritis large intestine | R10.31 Abdominal pain, RLQ |
| K58.0 Irritable bowel syndrome – Diarrhea | R10.32 Abdominal pain, LLQ |

Others not listed:

Previous Diagnostic Tests Performed	
Date of last EGD:	Results:
If not done explain why?	
<i>(i.e. EGD does not evaluate the small intestine)</i>	
Date of last Colonoscopy:	Results:
If not done explain why?	
<i>(i.e. Colonoscopy does not evaluate the small intestine)</i>	
Date of last Small bowel Follow Through:	Results:
If not done explain why:	
<i>(i.e. Has low diagnostic yield)</i>	
Other diagnostic tests and dates:	
Concern regarding intestinal obstruction/stricture Y N	

[Please complete this section if patient is diagnosed with Iron Deficiency Anemia] Initial Hemoglobin level: _____	
Date of lab test: _____	
Hematocrit level: _____	Studies which document Fe deficiency: _____
Is patient on any iron supplements? YES or NO if yes, how long? _____	
Has patient had a blood transfusion? YES or NO if yes, how many & when? _____	
Is patient on NSAIDS or ASA? Y N	Is patient diabetic? Y N

Other pertinent medical history:

OVER

**Medicare has establishing the following limited coverage for
CPT/HCPCS code 91110 (Small Bowel Capsule Endoscopy)**

(Please circle all applicable diagnosis):

- A18.32* Tuberculous enteritis
- A18.39* Retroperitoneal tuberculosis
- A18.83 Tuberculosis of digestive tract organs, not elsewhere classified
- C17.0 Malignant neoplasm of duodenum
- C17.1 Malignant neoplasm of jejunum
- C17.2 Malignant neoplasm of ileum
- C17.3 Meckel's diverticulum, malignant
- C17.8 Malignant neoplasm of overlapping sites of small intestine
- C17.9 Malignant neoplasm of small intestine, unspecified
- C78.4 Secondary malignant neoplasm of small intestine
- D01.40 Carcinoma in situ of unspecified part of intestine
- D01.49 Carcinoma in situ of other parts of intestine
- D13.2 Benign neoplasm of duodenum
- D13.30 Benign neoplasm of unspecified part of small intestine
- D13.39 Benign neoplasm of other parts of small intestine
- D50.9* Iron deficiency anemia, unspecified
- E16.4* Increased secretion of gastrin
- I77.6 Arteritis, unspecified
- K31.811 Angiodysplasia of stomach and duodenum with bleeding
- K31.82 Dieulafoy lesion (hemorrhagic) of stomach and duodenum
- K50.00 Crohn's disease of small intestine without complications
- K50.011 Crohn's disease of small intestine with rectal bleeding
- K50.018 Crohn's disease of small intestine with other complication
- K50.019 Crohn's disease of small intestine with unspecified complications
- K50.10 Crohn's disease of large intestine without complications
- K50.111 Crohn's disease of large intestine with rectal bleeding
- K50.118 Crohn's disease of large intestine with other complication
- K50.119 Crohn's disease of large intestine with unspecified complications
- K50.80 Crohn's disease of both small and large intestine without complications
- K50.811 Crohn's disease of both small and large intestine with rectal bleeding
- K50.818 Crohn's disease of both small and large intestine with other complication
- K50.819 Crohn's disease of both small and large intestine with unspecified complications
- K50.90 Crohn's disease, unspecified, without complications
- K50.911 Crohn's disease, unspecified, with rectal bleeding
- K50.918 Crohn's disease, unspecified, with other complication
- K50.919 Crohn's disease, unspecified, with unspecified complications
- K52.0 Gastroenteritis and colitis due to radiation
- K55.1 Chronic vascular disorders of intestine
- K55.21 Angiodysplasia of colon with hemorrhage
- K57.11 Diverticulosis of small intestine without perforation or abscess with bleeding
- K57.13 Diverticulitis of small intestine without perforation or abscess with bleeding
- K63.81 Dieulafoy lesion of intestine
- K90.0 Celiac disease
- K92.1 Melena
- R19.5 Other fecal abnormalities