

Ordering Physician: _____

Welcome

Northwestern Medicine Memorial Hospital strives for your experience with Endoscopy Services and the hospital to be excellent. Your safety and comfort are our primary concern and we want your stay to be an exceptional experience.

CDI HBT Kit Disposition:

- Kit to be mailed to patient.
- Kit given to patient in the clinic.

Insurance Codes:

Procedure Code (CPT): 82542
Diagnosis Code (ICD 10): _____
NPI: 1831625342
Tax ID: 47-4725769

Testing Center Contact Information

CDI Web site and Contact Phone Number:

- SIBO Video: <http://www.commdx.com/small-intestinal-bacterial-overgrowth.html>
- Fructose Video: <https://www.youtube.com/watch?v=CIGIYMUOQT4>
- Sucrose Video: <https://www.youtube.com/watch?v=k3cc37gdEnU&t>
- Lactose Video: <https://www.youtube.com/watch?v=CWkitI2HLAM&t>
- CDI Phone: 888-258-5966

For clinical concerns/questions, please call: 312.695.5620

For Questions relating directly to the Hydrogen Breath Test, please call CDI at 888.258.5966.

Your physician recommends proceeding with a hydrogen breath test that will check for one of the following conditions that could be contributing to your symptoms:

- Small Intestinal Bacterial Overgrowth (SIBO)
- Fructose Intolerance (fruit sugar)
- Lactose Intolerance (milk sugar)
- Sucrose Intolerance (cane or beet sugar)

About your test

We utilize an outside vendor called Commonwealth Diagnostics International (CDI) to administer this test in the comfort of your own home.

Our office will submit the order to CDI, CDI will ship the breath test kit to your home in approximately 1 week, and you can complete at home on your own schedule. They will include instructions in the kit, call you around the time of delivery to review the kit instructions, and ask if you have any questions. However, you are encouraged to visit CDI's website and review some of the information/video ahead of time as there are detailed preparation instructions for this test. If you have any questions regarding the test or instructions, please call CDI at the number provided below.

<u><i>Timeline</i></u>	<u><i>Procedure Preparation</i></u>
30 DAYS BEFORE THE PROCEDURE	➤ Avoid antibiotic use for 4 weeks prior to this test.
7 DAYS BEFORE THE PROCEDURE	➤ Please stop taking your laxatives and pro-motility drugs (i.e. Reglan, metoclopramide, domperidone, cisapride, and bethanechol).
3 DAYS BEFORE THE PROCEDURE	➤ Please contact your insurance company to verify coverage and if you will have any out of pocket costs, or precertification requirements. Please see the insurance/billing handout for more information on billing, coding, and potential out-of-pocket costs.
THE DAY BEFORE THE PROCEDURE	<p><u>Diet Instructions:</u></p> <ul style="list-style-type: none"> ➤ Beginning 24 hours before your test, follow the following dietary recommendations: <ul style="list-style-type: none"> ○ Permitted foods: baked/broiled seafood, chicken, turkey, lean beef, lean pork, eggs, plain steamed white rice, plain coffee or tea (no sugar, cream or milk). ○ AVOID these foods: Grain products (bread/pasta), fruits, fruit juices, sugar (in any form), all dairy products, vegetables, nuts, seeds, beans, sodas, and any beverage containing alcohol. ➤ Do not eat for 12 hours before taking this test. ➤ You may drink water during the 12 hour fast.
THE DAY OF YOUR PROCEDURE	<ul style="list-style-type: none"> ➤ Do not smoke at any point on the day of the test. ➤ Do not sleep or exercise for at least 1 hour prior to the test or at any time during the test.

CDI HBT PREPATATION GUIDELINES

GENERAL

- Not following the above dietary guidelines may result in invalid test results.
- It can take up to 7 days for the results to return after you have returned your breath samples to CDI. Your doctor or his/her team will contact you with the results within 7 days via MyChart or phone. If you do not hear anything after 7 days, please contact the office via MyChart or phone (312.695.5620) to follow-up on test results.

MEDICATIONS

- Avoid antibiotic use for 4 weeks prior to this test.
- Laxatives and pro-motility drugs (i.e. Reglan, metoclopramide, domperidone, cisapride, and bethanechol) should be stopped 1 week prior to this test.
- You may take all of your normal medications up until your arrival time.

INSURANCE AND BILLING

- CDI will bill to commercial insurance and Medicare.
- Please note, CDI does not bill to Medicaid. Please complete the CDI Financial Application which can be provided by the ordering provider or CDI (888.258.5966). Please complete this application and submit to CDI prior to completing breath test to determine coverage/assistance for this test.
- Some insurance plans require pre-authorization for this test. Please contact your insurance company first to inquire if your plan requires pre-authorization for this test. Your insurance claim may also require an out-of-network pre-authorization referral.
 - If your insurance provider does require a pre-authorization, please call our office at 312.695.5620 to begin the process on obtaining approval.
- If there is a pre-authorization number provided, please write it on the Requisition Form you will be sending back to CDI with the breath samples for testing.
- The breath test will not be billed to your insurance company until you've actually completed the test and submitted the test back to CDI. If you have any questions regarding billing or payment options, please call 1.888.258.5966.

CONTACT INFORMATION

Please review this document and the FAQ section before calling our office with questions as your question may be answered from within this document.

Clinic	312.695.5620
Procedure Scheduling	312.695.5620
Pre-Certification	312.926.4645
Billing	844.669.2455
Financial counseling/price estimates	312.926.6906
Hospital	312.926.9000
Medical Records	312.926.3376
Digestive Health Fax	312.695.7095
	dhc.nm.org