

Routine Annual Physical Exam

Insurance companies offer many different plans. Most plans now allow your preventative office visit covered at 100%. **A Preventative visit is limited to an evaluation of the body and its' functions using inspection, palpation (feeling with the hands), percussion (tapping with the fingers), and auscultation (listening). It does NOT include the management of existing conditions, diagnosis of new conditions, prescription management, or extensive counseling by the practitioner.**

When a patient has an appointment for a physical exam and also has an acute, chronic or new condition that is managed, such as hypertension, hyperlipidemia, diabetes, GERD, sore throat, back pain, UTI, medication change, and/or many others, the provider must submit all items captured during the office visit. Items considered non-routine, or that are outside of "Preventative Care" may require additional coding.

Once your complete visit is reviewed, your insurance company will determine what services are covered under your policy and will notify us what they have deemed to be your financial responsibility. For some people this may result in a patient cost for the visit, EVEN though the evaluation was done at the same time as their annual physical.

Laboratory Coding in connection with a Routine Annual Exam

Lab tests ordered at an annual preventive health visit are not all automatically eligible for coverage at the 100%, no-cost-share Affordable Care Act preventive benefit. Additional tests ordered because of problems existing prior to this visit, abnormalities, or new problems encountered during the preventive visit are to be billed with the diagnosis code to describe the problem or reason the test was ordered, not the diagnosis code for the preventive visit. These additional tests are considered **Medical**, not Preventive.

Insurance plans will have different benefit levels and cost-sharing responsibilities for Preventive Services versus Medical Services. Sometimes, the exact same test or procedure can be covered by a member's plan in two or more different ways, depending upon why it is being done. Although member plans do vary, medical services generally apply to the member's deductible and generally have copays and/or coinsurance.

When billing for laboratory tests, providers need to follow the ICD-10 rules, Medicare, and other Insurance Payer regulations.

From ICD-10:

(ICD-10 stands for the International Classification of Diseases, Tenth Revision, Clinical Modification. It is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States)

Screening is the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease (e.g., screening mammogram).

Notice that the guidelines say a screening is a test performed on a patient who is well for the purpose of the early detection. A patient who has already been diagnosed with a condition cannot be screened for that condition.

A patient with high cholesterol on her problem list whose lipids are monitored is not being screened. She is receiving a test to monitor an existing condition. It would be **incorrect** to use the diagnosis code of **screening** when the patient has the previously diagnosed condition.

Chelmsford Primary Care

Preventative Visit / Preventative Lab Billing Guide

Preventive	<p><i>Preventive</i>, in insurance terms, is synonymous with <i>routine</i> or <i>screening</i>. <i>Preventive</i> service(s) are provided to help the patient avoid becoming sick in the first place. <i>Preventive</i> tests and services are performed when the member has no signs or symptoms, no indications that they are not healthy. <i>Preventive</i> Care includes early diagnosis of disease, discovery and identification of people at risk of development of specific problems, counseling, and other necessary intervention to avert a health problem. Screening tests, health education, and immunization programs are common examples of preventive care.</p>
Screening	<p><i>Screening</i> is the testing for disease or disease precursors <i>in seemingly well individuals</i> so that early detection and treatment can be provided for those who test positive for the disease. Tests or procedures performed for a patient who does not have symptoms, abnormal findings, or any past history of the disease; used to detect an undiagnosed disease so that medical treatment can begin.</p>
Routine	<p>Routine services are those things that doctors recommend to ordinary people, who are healthy as far as they know, in order to screen them for things that may not be causing symptoms yet. There are no known health problems, symptoms, chronic conditions, or injuries. Synonyms: Preventive, Screening</p>
Routine Monitoring	<p>Routine monitoring of an existing health condition (such as diabetes or high cholesterol) is not a routine preventive service. In this case, the word "routine" does not refer to the health insurance benefit category, but rather it means that the testing or care is considered a medical standard of care for the patient's known problem or condition. Anytime a known condition or problem exists, the testing and care for that condition is never considered preventive; instead it is covered under the benefit category for that condition.</p>
Medical	<p><i>Medical</i> services are those which are recommended by a doctor in order to diagnose symptoms, or treat or monitor a known medical condition, health problem, or disease such as Diabetes, Hypertension, etc. If it's testing/bloodwork that's being done, it might also be called <i>diagnostic</i>.</p>
Diagnostic	<p>The member is having symptoms or health problems. Tests and/or procedures are ordered to assist in determining the cause of the symptoms or health problems. Diagnostic tests are considered under the Medical benefit category. They are never considered Preventive Care. A problem already exists. Diagnostic services are performed "to obtain information to aid in the assessment of a medical condition or the identification of a disease...to determine the nature and severity of an ailment or injury."</p>