



## Routine Preventive Exams (Annual Physicals)

Many patients have health insurance plans that cover the entire cost of a yearly preventive health care visit, otherwise known as an annual physical.

**The purpose of this exam is to identify potential health problems in the early stages when they may be easier and less costly to treat.**

A routine preventive exam is technically defined as a *periodic comprehensive preventive medical evaluation and management* and includes the following:

- Past medical, social and family history
- Complete physical exam and review of body systems
- Review of medications and administration of immunizations
- Counseling/anticipatory guidance/risk factor reduction interventions
- Review of age/gender appropriate screening tests

**The routine preventive exam is not meant to evaluate, diagnose or treat existing health problems.**

**Q: Why did I receive a bill when my routine preventive exam was supposed to be covered at 100%?**

This exam is prevention-focused rather than problem-focused. That means it is designed to prevent minor issues from becoming serious. It is not meant to evaluate, diagnose or treat existing problems.

If you have an existing problem that needs to be addressed during your preventive office visit, such as high blood pressure, diabetes, skin rash, high cholesterol, headaches, etc., your provider may bill part of the exam as your annual preventive exam, and part of the exam as treatment of your diagnosis.

The part of your exam related to the treatment of existing medical conditions applies towards your copay, deductible or co-insurance, which means you may owe a balance. If your provider feels that the majority of the time was spent discussing existing medical conditions, the entire visit may be considered a medical treatment visit and would not be billed as a routine preventive exam.

In addition, some lab tests may not fall under preventive care if they are performed for specific problems or existing conditions that require ongoing oversight. For example, once you have been diagnosed with high cholesterol, a lipid panel is no longer considered screening. Instead, it is considered oversight and management of the disease.

Every insurance company has a list of lab services they consider to be screenings. If you need to know what these are, ask your insurance company before you have your labs drawn. Primary Health Medical Group must bill all services according to the reason indicated by the provider.

**Q: Will my provider only address what my health plan covers for a routine preventive exam?**

Not necessarily. Your provider does not know your health plan benefits and sees many patients per day with various types of coverage. You will need to know which services are covered under your health plan. You can find this information by reviewing your Summary of Benefits prior to your preventive exam or by calling member services on your insurance card.

**Q: What can I do to make sure I receive 100% coverage of my routine preventive exam?**

You can take the following steps to help ensure your routine exam is billed correctly:

1. When scheduling your routine preventive exam, please use the terms “routine preventive exam”, “complete physical exam” or “annual physical”. Do not use terms such as “check-up”, “med check”, or “establish care”. These all imply that the visit is to evaluate a known medical condition.
2. When you talk with your provider, let them know you are there for your routine preventive exam.
3. If you bring up health problems during your routine preventive exam, understand that you may have a charge related to the treatment of that problem, or the provider may ask that you schedule a separate appointment for evaluation of that problem.
4. Do not save up all of your health concerns for your routine preventive exam. If you have a current chronic condition, you may need other diagnostic visits and services during the year.

**Q: What do I do if I feel an error has been made on my bill?**

Step 1: Call the billing office at 208-955-6470 to ask questions and see if a coding review is warranted.

Step 2: Request a review by the Director of Billing.