



## Preventive or Wellness Visits

Many insurance plans offer incentives for completing preventive health screenings. If you want your visit billed to your insurance company as an annual preventive or wellness visit, you must inform staff when scheduling the appointment. This type of appointment is scheduled differently than others and will likely include laboratory testing in advance.

Many insurance plans cover preventive care at 100% with no out-of-pocket expense for the patient. Other limited plans have no coverage for preventive care. Consult your health insurance plan for clarification.

### At the Preventive Visit

If, during the course of the preventive visit, the provider needs to address a problem-related issue or modify treatment for a condition, the visit can no longer be billed as a preventive visit. We will be required to report a diagnostic visit using codes for the condition(s) treated. Deductibles, copays, and coinsurance would then apply. The preventive visit will be rescheduled for a later date.

### Annual Screening Labs:

Many insurance plans advertise to patients that screening blood tests done for the preventive visit are covered at 100% with no out-of-pocket cost for the patient. Your provider will order all appropriate screening labs.

**NOTE:** when you have already been diagnosed with a condition, the provider cannot legally order a blood test to screen for it. That specific portion of the lab testing is ordered to monitor the condition and legally must be coded as such. Deductibles and coinsurances will apply.

### Pap Tests

Most health plans no longer cover our services for a pelvic exam or collection of the pap test at 100% therefore deductibles, copayments, and coinsurances apply.

Lastly, the provider assigns codes according to the patient's conditions and the services he/she provides. Please understand these **cannot** legally be altered to bypass the patient's out-of-pocket responsibility.