



Preventive Visit Charges

When patients may owe for additional expenses

The purpose of routine physical examinations and well child check ups is to provide an opportunity for your Provider to perform all of the expected screening services, recommend healthy behaviors, order scheduled immunizations and do a physical examination to look for signs of any change in your health status. Even healthy individuals should have periodic general screening exams which are considered *preventive* visits. **When specific screening procedures are performed or ordered, they may be billed separately from the preventive visit. Examples of such services are immunizations, screening lab tests, pathology reports, PAP smears and mammograms.**

While the preventive visit focuses on screening for new disease conditions by taking a general history and performing an examination, there are situations where a specific acute or chronic condition can or should be treated in addition to the general screening examination. When these situations occur, the Provider can either treat the patient at that visit, or recommend that another visit be scheduled. See the examples below:

Herein lies the healthcare industry complication. Another visit could be scheduled, however that may be inconvenient for the patient and in some situations inappropriately delay treatment. However, insurance plans and Medicare impose the rule of requiring a separate billing code when the Provider treats such a specific condition in addition to performing the preventive exam.

Most insurance plans provide full coverage in situations when a preventive visit is combined with a specific treatment. However, Austin Regional Clinic has encountered situations where some insurance plans do not fully cover additional services. Unfortunately, for members of those plans, additional charges may be incurred, i.e. the insurance plan does not fully reimburse for all services provided at the visit so the patient owes money for the difference. See the examples below:

Preventive Service	Specific Treatment and Charges ¹	Co-pay	Additional Charges ¹
Well child check	Provider performs a wart destruction - \$182 charged to insurance plan	Patient has no co-pay for the well child check	Later, parent receives a bill for \$107 – represents the deductible for the procedure ²
Well child check	Provider performs cerumen (ear wax) removal - \$89 charged to insurance plan	Patient pays \$30 co-pay at check-in	Later, parent receives a bill for \$83.92 – represents the deductible for the procedure ²
Physical exam / well-woman exam	Provider addresses patient’s sinus condition & bills a separate office visit charge	Patient pays \$40 co-pay at check-in	Later, patient receives a bill for a second \$40 co-pay.
Physical exam	Provider addresses patient’s diabetes & refills their medication; provider bills a separate office visit charge	Patient pays \$25 co-pay at check-in	Later, patient receives a bill for a second \$25 co-pay

1. Dollar amounts do not represent exact dollars or real charges.
2. Insurance company often identifies such in-office services as “surgery” on the Explanation of Benefits (EOB).

Unfortunately there is no industry standard applied to the health plans. We have found that different insurance companies reimburse for these visits in different ways. Some are generous and some are not.

Questions about your benefits can and should be directed to your insurance plan or your employer’s Human Resources department. It is possible for individuals to appeal problematic reimbursement decisions by contacting your health plan.

Thank you,
Austin Regional Clinic Management