

Physicals and *Well-Child Visits*

Yearly physicals are encouraged so your provider can evaluate your overall health. Your insurance company may consider this physical to be “routine” or “preventive.” This exam is an opportunity for your provider to conduct an overall “checkup” on your health and well-being for the sole purpose of preventive care.



What preventive physical services are typically covered by insurance?

- Routine screening tests
- Update of your medical/family history
- Physical exam
- Well-child visit

Prevea Pediatrics follows billing and coding guidelines established for Medicare, and most private insurance companies require physicians to follow these guidelines as well. The guidelines are complex and can result in confusion. If you have questions about what may or may not be covered by insurance, contact your insurance company before your physical.

Will I get a bill following my preventive physical?

If during a routine or preventive physical you discuss a new condition or a change in an existing condition (specific complaint or current illness), and it requires additional consultation or lab work, you may be billed a second code for a diagnostic (problem-oriented) office visit. These are called Evaluation and Management (E&M) codes, and frequently results in your insurance company charging you an additional co-pay/deductible/co-insurance, etc.

What preventive physical services are typically NOT covered by the prevention benefit of most insurance companies?

- Non-routine lab work
- Diagnostic testing
- Medication check

What types of services result in adding an E&M code, in addition to the code for a routine preventive physical?

A provider might need to bill an additional E&M charge if any of the following occur:

- The provider makes a referral for further evaluation
- The provider prescribes medication for treatment of behavioral problems
- The provider orders lab testing which would not otherwise need to be done
- The discussion lasts over ½ of the length of the visit
- The discussion causes the provider to do additional work in 2 of the following 3 areas
 - Additional history taking. (For example, asking further questions about the nature and duration of the behavior problems.)
 - Additional physical examination
 - Additional medical decision making (For example, if the problems arise to the level of a medical diagnosis such as attention deficit hyperactivity disorder or depression, then this requires additional medical decision making.)

Examples of situations where the provider will likely charge an E&M code in addition to the code for a routine preventive physical

- Parent brings child in for a well-visit. During the visit, the physician asks whether there are any questions. Mom replies that there have been some attention problems at school. The physician makes a referral to Behavioral Care for further evaluation.
- Parent brings child in for a well-visit. During the visit concerns are raised about the child's behavior, and screening reveals the child to be obese. Additional questions are asked about how the child's behavior in school, at home and in other situations. A detailed dietary history is taken. There is a family history of diabetes, so screening labs are done to evaluate for possible early diabetes.
- Parent brings in 7-year-old for a check-up. During the visit, parents mention that the child wets the bed. Physician asks how long this has been going on, how frequently it occurs and whether there are any other urinary symptoms associated with it. The physician recommends a treatment plan for the bedwetting.
- Parent brings child in for a check-up, and that morning in gym class, she twisted her ankle. The ankle has pain, swelling and tenderness. The physician examined the ankle, and diagnosed an ankle sprain.
- Parent brings in 15-month-old for a check-up, and has a fever and a rash. The physician asks about the duration of the symptoms, whether any other symptoms are present, and whether anyone else is sick at home. The rash is noted on the examination, and the patient is diagnosed with hand-foot and mouth syndrome. There is some discussion about whether to reschedule the immunizations or not.
- Parent brings 18-month-old in for a check-up. Autism screening using the M-CHAT suggests that the child might have autism. The child is referred to a developmental specialist such as Caravel or WEAP for further evaluation.
- Parent brings in a 7-year-old for a checkup and he has abdominal pain. The physician asks about the duration, severity and associated symptoms of the abdominal pain. Further discussion reveals that the parents have recently divorced, and the child is struggling to concentrate in school. Other history is negative, but the discussion takes over half of the visit.

- A 13-year old is in for a sports physical, and has been having headaches. The physician asks about the location, frequency and severity of the headaches, and performs additional neurologic examination beyond the routine physical. Alternatively, if the physician performs a routine physical, but recommends medication.
- A child who is currently taking medication for ADHD comes in for his 11-year physical with immunizations. The school performance is reviewed. The physician asks about any side effects of the medication. No changes in the medication are made.

Levels of E&M Coding

There are different levels of E&M coding based upon the additional work the physician needs to do.

- The code might be higher if the physician has to take extensive history rather than a brief history. Higher levels of coding and billing might be necessary if extensive additional examination needs to be done.
- If the medical decision making is highly complex, the billing and coding should be expected to be higher than if the medical decision making is straight forward.
- An example of a visit which reflects a lower E&M code: Child in for a 12 month visit. Also has fever, cold symptoms, and sleeping poorly. Examination reveals an ear infection.
- An example of a visit which reflects a higher E&M code: Child with a chronic health condition presents for an 8 year checkup. The chronic health condition is flaring up, and it results in poor performance at school. In addition, additional laboratory testing is done, and extensive discussion about whether he needs a referral to a specialist occurs.

Removal of wart or other lesions will likely be billed using a surgical code, even though liquid nitrogen, acid or other medication applied for removal. Surgical billing codes tend to be more expensive than routine codes.

Questions?

Your health is important to Prevea Health, and we're dedicated to providing you with the best possible service. Contact Prevea Health at (920) 496-4700 or (888) 277-3832 if you have questions about the costs associated with your care.

