

Physical and Health Maintenance exams...

We understand that you may have questions about the billing for your recent visit to the office.

There is much confusion about “physicals” and “health maintenance exams” these days. Part of the confusion comes from different payment rules by different insurance companies, managed care companies, and government agencies (Medicare and Medicaid). We cannot bill services differently for different patients based on their insurance or other payer considerations. To do so would appropriately be considered fraud.

During an annual health review, three different areas are addressed: chronic medical problems; acute health issues; and routine health maintenance, which includes recommendations for screening tests, risk factor reduction, and healthy living. As you can tell, the amount of physician time and effort involved in these exams may vary widely from patient to patient. For example, one patient may not have any chronic medical problems, such as diabetes or heart disease. Another patient may have many chronic medical problems that should be addressed. We feel it is crucial to address all three areas (if appropriate for the particular patient) in order to do a proper annual health review.

Some health insurance and managed care companies do not agree. They would prefer for us to do a wellness visit one time and then take care of chronic medical problems and acute medical issues at another visit. This, of course, is not good medical care nor is it logical or convenient for the patient or the physician.

We bill for our services according to nationally recognized standards. For patients with chronic medical problems or acute medical issues at the time of their annual health review, this may mean that two services are billed: a preventive medicine service and an office visit service. Here is where the problem occurs. Many insurance and managed care companies will not pay for two services on the same day. This is an arbitrary decision that they have made and, as stated above, is not logical or in the interests of the patient. It is simply done to save money.

If you think that no chronic medical problems or acute medical issues were reviewed and discussed during your visit or if you think that preventive medicine concerns were not adequately addressed, we will be happy to review your chart with the doctor providing the care. If the documentation in the chart is consistent with the billing provided, we will not change the billing. If the documentation in the chart is not consistent with the billing provided, we will make an appropriate adjustment.

We appreciate the opportunity to participate in your health care.