



Women's Health Associates recognizes that understanding healthcare benefits (insurance) as well as healthcare billing rules/regulations are challenging and complicated. This is especially true when it comes to understanding the benefits covered by your insurance carrier that are considered "preventative" vs "problem focused."

Your provider wants to take care of you and address your healthcare needs.

What is the purpose of a routine preventive exam also known as the annual physical?

A routine preventive exam is to identify potential health problems in the early stages when they may be easier and more effective to treat. The technical definition of the routine preventive exam as a periodic comprehensive preventive medicine evaluation and management. The preventive exam is prevention focused and not "problem focused." The preventive exam may include the following:

- Past medical, surgical, social, family and OB/GYN history
- Complete physical examination and review of body systems
 - Pap/HPV screening as indicated
 - Breast exam as indicated
 - Pelvic exam as indicated
- Review of medications
- Age appropriate immunizations review/recommendations
- Counseling regarding risk guidance and risk factor reduction interventions (ie lowering cholesterol, tobacco cessation, health lifestyle).
- Review and recommend age/gender appropriate screening tests (ie colonoscopy, bone density, screening mammogram).
- Common laboratory exams that are covered under most preventive screening benefits (this is plan specific)
 - Complete blood count (CBC)
 - Comprehensive Metabolic Panel (CMP or CHEM 12)
 - Thyroid Stimulating Hormone (TSH)
 - Lipid Profile (Cholesterol Screening)
 - Hemoglobin A1C (A1C – Screening for diabetes)
 - Pap smear (age appropriate)
 - HPV Screening (age appropriate)
 - Urinalysis (UA)

I want to only have the preventive services that are covered 100% by my insurance plan performed, how do I ensure that will happen?

It is important to recognize that there are thousands of insurance benefit plans despite being with a certain payer (ie Blue Cross, Blue Shield, Cigna, United Healthcare, Aenta, Select Health, etc). Neither



your attending provider nor their assistant staff know the specific plan benefits for you. Your provider, and their staff, is there to address your healthcare needs. You are responsible for knowing what services are covered under your health plan. Our billing staff can assist in helping you understand your benefits if you have questions.

The following steps can be taken to ensure that your routine preventive exam is billed correctly:

- When scheduling be clear that you are wanting to schedule your “yearly exam” or “annual exam”, and not that you are wanting a “checkup.”
- When you are with the provider, ensure that you are only wanting to have your routine preventive exam. Your provider will ask if you have any other health concerns, as they are wanting to ensure that your health concerns are being addressed. Please understand that depending on the concern, if it falls outside the scope of the routine preventive exam, there may be a problem focused exam/testing related charge submitted to the insurance. These will be subject to your plans benefit determination.
- Here are some common health concerns that are not part of “routine wellness screening”
 - Fatigue
 - Hair loss
 - Significant weight gain/loss
 - Pelvic or abdominal pain/discomfort
 - Difficult or painful urination
 - Menopause symptoms (ie hot flashes, mood changes, etc)
 - Low libido
 - Vaginal irritation/dryness
 - Infertility

Why did I receive a bill after my routine preventive exam when it was supposed to be covered at 100%

If there were specific tests or exams performed that were related to a specific problem/concern brought up during your routine preventive exam, many plans do not cover them as part of the preventive wellness benefit. Your provider may need to perform these additional services to address the concerns that you brought up during the exam. These services are at the discretion of your health plan coverage. We only bill for the services rendered, we do not make the determination of how your insurance processes the bill.