Q&A: Routine Preventive Exams (Annual Physicals)

Preventive care (or well services) and promotion of healthy lifestyles, is central to Health Tradition’s philosophy of care. For this reason, routine preventive exams are covered at 100 percent when received from in-network providers:

Q: What is the purpose of a routine preventive exam (annual physical)?

The purpose of a routine preventive exam is to identify potential health problems in the early stages when they may be easier and less costly to treat.

Q: What is the definition of a routine preventive exam?

A routine preventive exam is technically defined as periodic comprehensive preventive medicine evaluation and management, and includes the following:

- Past medical, social and family history
- Complete physical exam and review of body systems
- Review of medications
- Immunizations
- Counseling/anticipatory guidance/risk factor reduction interventions
- Review of age/gender appropriate screening tests

The exam is prevention focused, not problem focused. See below for more details.

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

This exam is prevention focused, not problem focused. If you have a new health problem or other diagnoses that need to be addressed during your preventive office visit, e.g. high blood pressure, diabetes, skin rash, or headaches, your provider may bill part of the exam at 100 percent for your annual preventive exam and part of your office visit for treatment of your diagnosis. The portion of your visit related to the treatment of your diagnosis would apply toward your deductible and coinsurance. If your provider feels that the majority of the time was spent with medical concerns, the entire visit may be considered a medical treatment visit and would not be billed as preventive. It’s important to note that your healthcare provider has the right to code and bill as they see the service from his or her viewpoint. Health Tradition Health Plan provides coverage based on how your provider codes/bills each procedure.

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Q: Will my provider address only what my health plan covers for a routine preventive exam?

Your provider does not know your health plan benefits and sees many patients with various insurance plans throughout the day. You are responsible for knowing what services are covered under your health plan. Review your Summary of Benefits prior to your preventive exam or call Customer Service for your benefit information.

Q: What can I do to make sure I receive my routine preventive exam benefit (100% coverage in-network)?

You can take the following steps to help ensure your routine exam is billed correctly:

1. When scheduling your routine preventive exam with your provider’s office, use the terms “routine preventive exam” or “annual physical”, not “check-up”, which implies checking up on a health problem.

2. When you talk with your provider, let them know you are there for your routine preventive exam.

3. If you bring up health problems (i.e. skin rash) during your routine preventive exam, understand that you may have a charge related to the treatment of that problem.

4. Do not save up all of your health concerns for your routine preventive exam. If you have a current chronic condition, you may need other diagnostic visits & services during the year.

Q: What do I do if I feel an error has been made on my bill?

Step 1: Call the number listed on the back of your Health Tradition Health Plan member ID card to talk with Customer Service. If Step 1 does not resolve the issue, proceed to Step 2.

Step 2: Contact your healthcare facility’s Patient Financial or Patient Business Services Department to ask questions and to see if a coding review is warranted. If Step 2 does not resolve the issue, proceed to Step 3.

Step 3: Call Health Tradition Health Plan at 608-781-9692 to speak with a Member Advocate. If Step 1 and Step 2 did not resolve the issue or address your concerns, a medical review may be performed based on the information yielded in Steps 1 and 2.

Note: Preventive services must be provided by an in-network provider, unless your plan has a rider specifying otherwise. Refer to your Summary of Benefits for more information about covered preventive care services. You may also visit our Web site, www.healthtradition.com/healthwellness for more information and a preventive care services grid.