



PARKVIEW MEDICAL CLINIC

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ROUTINE PHYSICALS – IMPORTANT BILLING INFORMATION

ABOUT PHYSICALS

A routine physical, or “preventative medicine visit”, is an evaluation of your general health conducted in the absence of symptoms or other indications of illness or injury. Well-baby check-ups, work-related physicals, annual physicals, sports physicals, Medicare Wellness physicals are all considered routine/preventative. The physical includes a review of your health history and a full examination. Your age and gender will help your physician to determine which screening tests and immunizations may be necessary. This may also include counseling and interventions by your health care provider to reduce your health risk factors.

PHYSICALS CAN BECOME OFFICE VISITS

Occasionally, a routine physical evolves into an office visit, which is an appointment to address symptoms or other indications of illness or injury. This usually occurs for one or more of the following reasons:

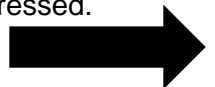
- For example: If 50% or more of your visit deals with health concerns, then it must be coded as an office visit rather than preventative health.
- If a patient raises questions or concerns about specific health issues or symptoms that the physician addresses during the scheduled physical.
- During the physical, the physician finds an abnormality, pre-existing health condition or illness and addresses it during the scheduled physical.

Please Note: When either of the situations above occurs during an appointment for a physical, Medicare and private insurance billing guidelines call for us to re-classify the appointment as an office visit or possibly a combination of a physical and an office visit. There are usually differences in insurance coverage and associated out-of-pocket costs for office visits and preventative care visits.

WHAT YOU CAN DO

To reduce the possibility that you will be surprised with a bill or out-of-pocket costs you were not expecting, you can take the following steps:

- Understand your insurance coverage. The more you know about your insurance benefits and the levels at which certain services are covered, the less likely you will be surprised about charges and out-of-pocket costs. Parkview Medical Clinic does not have access to all details of all patient plans so it is your responsibility to know what is and is not covered by your insurance. It is also your responsibility to pay for services not covered after your insurance has processed and you receive a bill.
- Be aware that sometimes the nature of a routine physical changes to an office visit or a physical combined with an office visit and be prepared for any associated costs as specified by your insurance carrier.
- When you call to schedule your routine physical, let the receptionist know if you have multiple health concerns you would like to discuss with your provider in addition to the preventative visit.
- Be prepared to schedule a follow-up office visit if your routine physical reveals significant health issues that cannot be addressed at the preventative visit. This appointment would be an office visit for treating the health issues uncovered during the physical or additional medical items you want addressed.



MEDICARE WELLNESS VISITS – FOR MEDICARE PATIENTS

Welcome to Medicare Visit

This introductory visit is free to Medicare patients within their FIRST 12 months of being enrolled in Medicare Part B coverage. This visit includes a review of your medical and social history related to your health, education/counseling about preventative services. Services performed: Height/Weight, Blood Pressure, Calculation of Body Mass Index (BMI), a simple vision test, review your potential risk for depression and your level of safety, offer to discuss advance directives, a patient summary of your visit. Certain screenings, shots and referrals for other care may be included, if needed.

Initial Preventative Physical Examination (IPPE)/Welcome to Medicare Preventative Visit and Annual Wellness Visits (AWV)

The Initial Preventative Physical Examination (IPPE) visit is the first annual Medicare Wellness visit after the Welcome to Medicare Visit (*unless you did not have the Welcome to Medicare Visit done in the first 12 months of Medicare Enrollment, then this is your first Medicare Wellness Visit*). After this initial visit, Medicare calls this the Annual Wellness Visit. The goals of these annual visits are health promotion, disease prevention and detection. This visit includes a review of your medical and social history related to your health, education/counseling about preventative services. Services performed: Height/Weight, Blood Pressure, Calculation of Body Mass Index (BMI), a simple vision test, review your potential risk for depression and your level of safety, offer to discuss advance directives, a patient summary of your visit. Certain screenings, shots and referrals for other care may be included, if needed. Costs are typically covered by Medicare and free to you, unless items performed are not part of the Medicare Wellness Visit specifications.

Medicare Wellness Visit Timeline

Medicare says that the above visits are covered every 11 months. In our experience with the regional Medicare contractor, we recommend scheduling these visits at least 365 days apart to obtain full coverage from Medicare.

LAB WORK AND PREVENTATIVE VISITS

Some lab work is covered during preventative visits and sometimes it is not covered. We have been seeing in recent years that routine lab work that used to be covered during preventative visits is not always covered any longer. In some cases, your health care provider may recommend services or labs more often than your plan covers. Your doctor may also recommend services not covered by your plan at all.

You should be aware of what your plan covers prior to the lab work/services being performed or you may be responsible for charges not covered by your plan. In particular, lab tests sent to an outside lab facility may not be covered and you may receive a bill from the outside laboratory after insurance processes the visit.

RESOURCES

Health care billing can be complex and confusing. There are resources available to you:

- If you have questions about your insurance coverage/plan, please call your insurance company directly. The customer ID number can usually be found on the back of your insurance card or at their website. Many insurance companies have information online for patients to log in and see their plan coverage.
- If you have questions about your Medicare coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227). You can also log in at MyMedicare.gov.
- For Parkview Medical Clinic billing questions, please call our mainline at 952-758-2535 and ask to speak to our billing department or visit us at www.parkviewclinic.com.