

Payment Responsibility / Billing for Wellness Exams / Problem-Oriented Exam

Our office has recently had an increase in the number of calls questioning bills. This is in large part due to many insurance companies putting more financial responsibility on their policy holders and covering less medical costs, which in this difficult economic time is placing financial stress on families. Because of contracts between our office and the insurance company, and the patient and the insurance company, there are many rules and laws regarding how to bill and collect payment.

The medical industry is different from most because we do not bill our customers directly. We contract with insurance companies, who pay us what they feel is the amount due for certain services. They also have contracts with their policy holders, which describe the payment responsibility for the patient. We cannot alter the contract between a patient and their insurance company. In fact, we do not know what the specifics are between a patient and their insurance company. Each contract is different, even with the same insurance company. For example, Blue Cross Blue Shield (BCBS) policies with different companies and with individual plans are different from other BCBS policies, even if they are both, PPO or HMO's. There are hundreds of various BCBS polices and each covers different services at various levels. **Please read your policies and ask questions to your insurance company before visiting the doctor so you know your financial responsibility.**

We follow strict CPT coding rules and cannot upcode or downcode without breaking the law. This means that a provider should use codes assigned to various sick and well diagnoses and level of difficulty of a visit. Our electronic medical record helps to properly assign codes to visits. CPT is very clear on this point. In the guidelines preceding the Preventive Medicine Services codes, CPT states:

“If an abnormality/ies is encountered or a pre-existing problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, **then the appropriate office/outpatient code 99201-99215 should also be reported**”

Our primary motivation in this situation is to avoid inconveniencing patients who present with acute problems at a preventive care visit. Rather than asking them to return on another date to divide the services, we perform both and submit a claim for both. Insurance companies handle this situation of addressing multiple issues on the same date differently. If payment for the second service is denied, we write it off, since physicians are usually prohibited under contract from balance billing the patient. If the insurance company says the payment is patient responsibility, it is insurance fraud for us to write off this charge. Many families are upset with us when we do not write things off for them, but we simply cannot by law.

Insurance companies are putting this cost to the consumer, which is what leads to many billing questions. The extra cost often includes a second co pay on the same day of service, since multiple issues were covered on that date. Please understand that it is your insurance contract that requires you to pay this portion, not our office specifically. Again, it would be insurance fraud for us to write off this portion of the charge, so we will not.

Unfortunately, because of your insurer's payment policy, in some cases we may have to complete your wellness care and your illness care in two separate visits to allow appropriate billing. If you have a health problem you want to discuss with your doctor during your well visit, the doctor may decide to treat that problem and ask you to schedule another appointment for your well visit. If the additional concerns are not urgent, you will be asked to schedule a separate visit to have that problem addressed.

Please understand that we will work with you to the extent that our contracts allow, but we are also a business and in these tough economic times we must be able to cover our increasing costs. Our rent increases yearly, our office staff and nurses salaries increase yearly. Vaccine costs are outpacing reimbursement rates. Malpractice costs are climbing. Costs to buy and maintain our electronic medical record and website to best serve our patients are substantial -- a major reason that few physician offices have electronic medical records.

We would like to provide the best care to our patients in a timely and economical manner, but because of many issues, we may have to have you return for separate visits for each separate issue. We hope that this improves patient care, waiting times, and family understanding of billing practices