

Wellness physical exam tips

When you visit your doctor or other health-care provider for your wellness physical exam, ask for the information below. This information will also help you complete the optional Highmark Wellness Profile (available online until Dec. 15, 2018). Review the frequently asked questions below to prepare for your appointment. Knowing this information will improve communication with your doctor.

Date of exam _____

Height _____

Weight _____

Waist measurement _____

(Measure around your bare abdomen just above your hip bone. Tape measure should be parallel to the floor.)

Blood pressure _____

Resting pulse rate _____

Body fat percentage _____

(Nice to know, but not required.)

Total cholesterol _____

HDL (good) cholesterol _____

LDL (bad) cholesterol _____

Triglyceride level _____

Blood sugar (glucose) level _____

Diabetic only – HbA1C% _____

(Depends on age and risk factors if needed.

If tested, indicate if level is non-fasting or fasting.)

Frequently asked questions

What should I have a routine wellness exam?

It's worth your time to get to know your provider better: Ask questions that help you get to know him or her. Share personal information about yourself. Maintaining a good relationship with your doctor is a good outcome of your annual visit.

Hopefully, you and your doctor make more informed and judicious decisions about using health-care resources when you have a relationship of trust and mutual understanding. This need is most acutely felt in times of illness and health crisis. Invest in the relationship when you are feeling good, and it can pay off (literally!) when you are sick.

What should I tell my doctor about the purpose of my visit?

Tell your doctor you are there for your annual preventive care/routine physical exam which is covered as an annual benefit at 100%. Stating the obvious can help ensure it will get coded correctly. For the visit to be covered at 100%, the diagnosis needs to be coded as preventive (i.e. Z00.00 or Z00.01; diagnosis codes for pelvic exams for women could include Z01.411 or Z01.419).

However, if your provider discovers something unexpected during the exam and needs to treat you, you may be billed. If this is the case, hopefully catching any illness or condition early, before it becomes a bigger problem, is still considered a benefit.

How often can I receive a preventive visit covered at 100%?

An annual routine physical exam is covered every 1-2 years for adults age 19-49 and every year for age 50 and older. Women could have both an annual routine physical exam and an annual routine gynecological exam.

What types of office visits are listed as preventive and covered at 100%?

The following procedure codes are preventive office visit codes and when billed with a preventive diagnosis would be covered at 100% (99385, 99386, 99387, 99395, 99396, 99397, G0101, G0102, S0610, S0612, and S0613).

What do I need to know when my doctor wants to order lab tests?

Ask first, "Are there lab values on record that are adequate, or do I need to have repeat testing done at this visit? My plan covers a lipid profile every five years, and only more often than that if you consider me to be high risk." If your doctor suggests other lab testing be done as a part of the wellness visit (for example: vitamin D, comprehensive metabolic panel or general health panel), be aware that it will not be covered by your preventive benefits.

It is a fair question to ask, "Is this a necessary test or just nice to know?" Or stated slightly differently, "How will the information you learn (from the particular test) change what your recommendations are for me?"

See the following two questions on lab testing or consult the Preventive Schedule for more details.

What labs would be covered at 100% with a preventive diagnosis code?

- Urinalysis (81001, 81002)
- Complete Blood Count (85025, 85027)
- Fasting blood sugar every year (82947 or 82948)
- HgbA1C: this result indicates what your average 3-month glucose level has been (83036 or 83037). Only covered as preventive if your BMI is in the 95th percentile. The primary diagnosis must indicate this.
- Cholesterol Screening: routine screening every 5 years; more frequent if at high-risk (82465, 83721, 83718, 84478 or 80061 in place of the previous 4 codes).
- PSA (84152, 84154): Diagnosis code Z12.5 can be used for this procedure.

Which lab procedure codes are NOT covered at 100% even with a preventive diagnosis?

- Thyroid (84443, 84436)
- Vitamin D (82306)
- General Health Panel (80050)
- Comprehensive Metabolic Panel (80053)
- Basic Metabolic Panel (80047 & 80048)
- EKG
- Chest x-ray

Are any immunizations covered at 100%?

Immunizations are covered per CDC guidelines. Several covered at 100% are:

- Annual flu shot
- Shingles (age 60 and older)
- Pneumonia (high-risk or age 65 and older). If you have questions about what qualifies as "high-risk" for pneumonia, please call Highmark.

What if the diagnosis used is related to high blood pressure, diabetes, high cholesterol or another chronic condition?

The charges will be applied to your deductible as they relate to a medical condition. If you thought the visit was for your annual physical exam and the procedure code on the Explanation of Benefits (EOB) is not a code listed above – call your doctor's office to tell them you indicated at the time of the visit this was intended to be a preventive visit and ask if they would resubmit the claim as an annual physical exam.

What if the EOB includes one of the codes in question #2, but the claim was not paid at 100%?

Call Highmark and ask what diagnosis code was billed with the claim.

What other services are considered preventive and thus would be covered at 100%?

- Mammogram: annually beginning at age 40
- Pap Test: age 21-65, every 3 years; over age 65 per doctor recommendation
- Bone density study: every 2 years for women age 60 and older (77080)
- Colorectal Cancer Screening: as listed in the Preventive Schedule