

MY BILL: 101

One of the most important parts of excellent health care for your child (0-21y) includes the WELL CHILD CARE VISIT (or check-up) and its associated services, intended to keep children healthy and well. A well child care visit is a routine visit during which we assess your child's growth, development, physical and emotional health, and during which we screen for medical issues that could impact your child. These are called PREVENTATIVE CARE SERVICES. The timing and content of these visits are guided by the HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) and AMERICAN ACADEMY OF PEDIATRICS (AAP) BRIGHT FUTURES plan (you can access an overview here: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf). These visits generally include a history and physical, screenings (such as developmental assessments and vision and hearing tests) and immunizations. We generally follow the recommendations of the AAP Bright Futures Guidelines.

The PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA) states that all preventative care screenings and services included in the Bright Futures plan and vaccine schedule must be covered by most health plans. However, health insurance plans that are grandfathered are not required to pay for these routinely recommended services (a grandfathered plan may elect to pay for a hearing screen, but not a vision screen).

You will receive an EXPLANATION OF BENEFITS (or EOB) from your insurance each time we submit charges to your health insurance company. Physicians are required to use specific codes, called CPT codes, to communicate exactly what has been done at each visit. They use our coding information to know how much to reimburse us for your visit and to evaluate us on how well we are doing in providing health care for your child. Your EOB will list all of the specific things done at each visit. An example of an EOB from a typical well child visit may include the following list of codes:

- Established Well Child Visit 5-11y with immunizations - 99393-25
- Health Risk Assessment (tuberculosis) - 99420-25
- Hemoglobin - 85018
- Fingerstick - 36416-59
- Urinalysis - 81005
- Hearing test - 92551
- Vision test - 99173-59
- Varicella vaccine - 90716
- Vaccine 1st component administration with counsel - 90460
- Influenza vaccine - 90686
- Vaccine 1st component administration with counsel - 90460

For the purpose of our next discussion, here are some health insurance terms that you should know:

COPAYMENT (OR COPAY): a fixed amount that you pay for certain health services in addition to your insurance payment. Your copay amount is dictated by your health insurance plan and payment of this is part of your contract with your insurance company. If your health insurance plan falls under ACA rules, you will not be asked for a copayment at the time of your well child visit; however, you will mostly likely have a copayment for all other visits or other non-preventative services provided.

COINSURANCE: the portion of the charge that is not paid by your health insurance plan (this is usually a fixed percentage of covered services).

DEDUCTIBLE: the amount that you are contracted to pay before your health insurance plan will pay for covered services.

WHAT ISN'T INCLUDED DURING A WELL CHILD CARE VISIT?

There may be times when your child needs another service on the same day as a well child visit. This may be something that you request, such as discussing a behavioral issue or a problem like constipation. This may also be something that incidentally occurs on the same day as your well child visit, such as an ear infection or a wrist injury. Or, this may include an incidental finding during our visit that requires more discussion or care, such as a new heart murmur or a developmental delay. The CPT coding guidelines ask physicians to submit a **DIFFERENT SERVICE CODE** that is required to be billed to your health insurance plan in addition to the preventative services provided that day.

Examples of services that may be provided in addition to preventative services include: medical treatments (breathing treatments), your doctor's work to address more than a minor problem (addressing a medical problem, providing and discussing a referral, writing prescriptions, ordering and interpreting tests, or changing care for a known problem), procedures or tests not included in the AAP Bright Futures Recommendations.

HERE'S THE CONFUSING PART FOR MANY FAMILIES: if your health insurance plan requires that you pay a copayment or coinsurance for these types of visits, we are required to bill you in accordance with the contracts we have with your health insurance plan. It is just like if you came in for a separate visit for the problem on a different date. Under many health insurance plans, your coverage for that visit is similar to what it would be if you came in for this visit on another day. **HOWEVER, SOME HEALTH INSURANCE PLANS DO NOT RECOGNIZE THIS CPT CODING GUIDELINE AND WILL APPLY ALL OF THE COST OF THE ADDITIONAL SERVICE TO PATIENT RESPONSIBILITY** (i.e. your insurance will not cover it and you will be given a bill for services provided). This is not in accordance with CPT coding guidelines, but it is what is happening. These health insurance plans will, however, cover you for work done on a separate date from the preventative care visit.

THEN WHAT CAN A FAMILY DO TO LIMIT THEIR OUT-OF-POCKET EXPENSE?

If your child has some health concerns that you would like addressed and they aren't urgent that day, make a separate appointment to discuss these. This will limit your cost to your member obligation within your health insurance plan. However, we all recognize that some things are not within our control (like when a child will be up all night with an ear infection the day before a well child exam)!

If you end up paying a bill because your health insurance plan does not provide you with medical coverage for a non-preventative care service provided on the same day as a well child care appointment, you may submit your payment information and an appeal to your health insurance company. It's possible that you may receive a refund from your health insurance plan, and it demonstrates to your insurance company that you do not agree with the coverage that you are being provided under your health insurance plan. Finally, consider discussing denials with your Human Resources representative. Health insurance coverage is generally decided

upon annually, and you may be able to influence a decision about what health insurance plans are chosen in the future.

We fully recognize that this can be convoluted for families, but we must submit accurate billing for services provided. We hope this clarifies how health insurance billing works in our current state of medical care.