

Yearly Physical vs Office Visit

There is a difference between a yearly physical and an office visit. It is important to understand the difference between the two because it may affect your costs.

Yearly Physical

- A thorough review of your general health and well-being.
- Your provider will perform a complete physical exam and make recommendations regarding your general health that usually focus around diet, exercise or screenings.
- Typically, health insurance covers yearly physicals at no patient cost. However, you should refer to the summary of benefits provided by your health plan for your benefits.

Office Visit

- An appointment to discuss specific, new, or existing health problems.
- Your provider may prescribe medication, order additional test such as lab work or X-rays, refer you to a specialist, or discuss other treatment options.
- Depending on your insurance benefits, an office visit may result in additional costs to you.

Can one appointment be considered both a physical and an office visit?

On occasion, one appointment can meet the requirements for both types of visits. If this is the case, your provider will submit a charge for both a yearly physical and an office visit. If your yearly physical includes a consultation or treatment for a specific condition, your provider is legally required to report additional medical services on your bill. It is important to know there may be two separate charges.

How does this affect you?

While combining a yearly physical and an office visit will save you time by eliminating an extra appointment, it may also affect your costs. Providers must bill your visit based on both the reason you initially scheduled the appointment and what is done during the appointment. For this reason, it's important to remember that when you see your provider for a physical, something more than a general evaluation could result in additional cost.

Labs: Screening vs Diagnostic?

A **screening** test is defined as one given to asymptomatic patients with no signs or symptoms of a disease. A **diagnostic** test is used to rule out or confirm a suspected condition, monitor a medical condition, or when patients have been exposed to a specific disease. When there is a diagnostic reason for the test, the appropriate condition, illness, or disease diagnosis code must be appended to the lab test code, even if the test is ordered in conjunction with screening tests and/or a yearly physical.

We are obligated to code and bill according to services provided at the time of service; we cannot code and bill based on individual insurance coverage variations.