

Labs Ordered on Physical Exams

(does not apply to Medicare or Medicare Replacement Plan Annual Wellness Exams)

The Affordable Care Act requires most insurances plans to cover certain preventive services with no cost sharing for the patient. “No cost sharing” means you are not responsible for a copayment, coinsurance, or deductible for these certain services.

If you have insurance through your employer, that is who determines what coverage level you have. Your employer may purchase a very basic plan which covers the minimum that the Affordable Care Act requires or they may elect to purchase a plan with higher benefits and coverage.

Our office does not know the specific benefits of every insurance plan including those plans purchased through the Insurance Marketplace. Each patient is unique. Any services performed during your preventive visit are specific to you individually and are determined by your encounter with your physician.

There are two lab panels that we believe are important for every patient to have when they come in for a yearly preventive exam, regardless of age or current health status. They are listed with an explanation of why we feel these should be performed. It is possible that you may be responsible for a portion of the charges for these tests. If you do not want to have these tests performed, then please inform your physician or the assistant. You may choose to contact your insurance company to see what your coverage level is. They will ask for the CPT and diagnosis codes which are listed below.

General Health Panel (CPT code 80050, diagnosis code Z00.00) – This test includes a CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel) and TSH (Thyroid Stimulating Hormone). These tests can provide information about health problems at a stage that has not yet produced any physical signs or symptoms of illness. A wide variety of conditions can be identified including: Liver disorders, diabetes, thyroid disease, anemia, leukemia, and blood clotting factors. Patient responsibility will not be over \$95.00.

Lipid Panel (CPT code 80061, diagnosis code Z00.00 or Z13.220) - The basic lipid panel measures total cholesterol, triglyceride levels, HDL (good) and LDL (bad) cholesterol. The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Monitoring and maintaining healthy levels of these lipids is important in staying healthy. Patient responsibility will not be over \$83.00.

*NOTE: These are not the only two tests that may require you to pay a portion of the charges.

