You're scheduled for an annual physical? Here are a few things you need to know:

What is a physical?

A physical is a preventive visit; it is not a visit for maintenance of existing medical conditions/complaints. It is recommended yearly, but your insurance may limit this.

What does it include?

A physical usually includes taking your medical history, vitals and a 'physical examination'. How comprehensive the physical examination is depends on your age, gender and your individual needs once your provider takes your medical history.

You may also have a urinalysis, ekg, fecal occult test and laboratory tests. If labs are ordered, they usually consist of: CBC, CMP, TSH, Lipid panel and Vitamin D. We also provide smoking cessation counseling, if applicable. All of these may be provided at the visit, but are not included in the cost.

What is done during a physical depends on your age, gender and whether you are a new or existing patient. It also largely depends on what is discussed during the taking of your medical history and medical necessity.

A physical exam is checking your "major systems"; this includes checking your ears, nose, throat, checking lymph glands, heart, lungs, abdomen, and checking your feet for pulses & swelling.

-If you are female and over 21, you may have a well woman exam. This includes a breast and pelvic exam, as well as a pap smear. (Additional lab charges apply for specimen)
-If you are male and over 40, you may have a prostate exam and a PSA laboratory test. (Additional lab charges)

If an abnormality or a preexisting problem is addressed and if it is significant enough for additional work, an appropriate office visit code will be billed in addition to the physical with the appropriate diagnosis codes. This may be applicable to a copayment due if per your insurance. There may also be labs or other tests that are ordered in regards to the abnormality or preexisting problem. If so, the diagnosis code will reflect the problem, not the physical. For example, if you have hypertension or diabetes and labs are ordered, they may be linked to that diagnosis versus V70.0.

It is recommended that management of chronic conditions or new complaints/problems are a separate visit to make sure the appropriate amount of time is available for appropriate care.

How should I prepare?

You should have nothing to eat or drink after midnight. Bring your medications list and a list of any other medical providers that you see.

Will my insurance cover this?

Medicare does NOT cover a routine physical. However, Medicare does cover a "Welcome to Medicare" within the first 12 months of your Medicare eligibility and an "Annual Wellness Visit**" thereafter. Neither is as comprehensive as a routine 'Yearly Physical'. The physical exam portion of these only includes your vitals. Should you choose to have a routine physical, you would be responsible for charges in full prior to the visit.

Commercial policies (non-Medicare): This depends solely on your policy benefits. We suggest that you contact your insurance company to ask if this is covered, how often it is covered and if you are responsible for any out of pocket costs, such as copayments, deductibles, etc. If your yearly physical is paid at 100%, this benefit **may not** include labs, ekg, etc. Verify this with your carrier prior to your visit, so you are informed of your out of pocket responsibility.

The cpt code is 99384-99397 (depends on your age and if you are new/established) and the diagnosis code is V70.0.

Note: If further tests are needed based on the medical history or exam as mentioned above, they may or may not have additional cpt and diagnosis codes that then may or may not be covered under your benefits. You may request an order that includes all codes PRIOR to the service is rendered so you may have an opportunity to call your health plan.

10/20/11 We do not provide the Annual Wellness Visit at this time. ***Do not copy or reproduce without permission. For permission, contact billing@myinternist.com*