

## 2017 Wellness Screening

### Frequently Asked Questions

In 2017, our annual wellness screening for employees will now be an annual physical with your doctor, which can include screening. Below are answers to questions that you may ask about this change.

#### **1. What should I tell my doctor about the purpose of my medical visit?**

Call it your annual physical. This kind of physical allows employees to work with their doctor to receive the screenings relevant to their personal situation and to address their specific health concerns.

#### **2. Is the visit covered under our employee health plan?**

Yes, both a routine annual physical (with diagnosis code Z00.00 or Z00.01) and a pelvic exam for women (with diagnosis code Z01.411 or Z01.419) are preventive benefits that are covered at 100% under our health plan. You will not incur an expense unless you received services during the visit that go beyond a routine physical.

#### **3. Are there specific tests or screenings that must be done during the physical?**

No, we are not requiring any specific tests to be conducted during the physical. If lab work is ordered for any medical reason other than preventive, its cost will apply to your deductible.

#### **4. Do employees or their doctors need to report anything to [employer name] after the physical?**

No. There are no forms or lab results to submit. Any tests, results and/or applicable treatment plans are between you and your physician.

#### **5. Where can I have my physical done in order to meet the requirement for [incentive]?**

Your physical may be done by a primary care physician, a nurse practitioner, physician's assistant or at an urgent care facility. [Incentive] requires using an in-network provider.

#### **6. How are covered spouses affected by this new initiative?**

They are not affected by it.

#### **7. How are employees who are not covered by our health plan affected by this change?**

They are not affected. This change is not applicable to them.

#### **8. How will the annual physical be tied to [incentive]?**

Covered employees who choose to have an annual physical will receive [incentive information].

#### **9. When must the physical be done to receive [incentive]?**

The physical must be completed before May 31, 2017. If you already had a physical after July 1, 2016, you have met the requirement.

It is not uncommon for physicians' schedules for routine appointments to be filled several months in advance. You are responsible to make your appointment in time to ensure you receive the [incentive].

**10. How can I find out if my physical since July 1, 2016 was covered?**

Your Explanation of Benefits (EOBs) claims records reflect processed medical charges and can be found at [highmarkbcbs.com](http://highmarkbcbs.com).

The EOB includes the procedure code but not the diagnosis code. Highmark does not include the diagnosis code as it is personal information and if for some reason the EOB would be delivered to the wrong person the personal information is not divulged.

Below are a list of procedure codes that meet the guidelines for the Annual Physical requirement:

	Patient <b>NEW</b> to the Office	Patient <b>Established</b> w/ the Office
Office visit for Preventive Medicine ages 18-39	99385	99395
Office visit for Preventive Medicine ages 40-65	99386	99396
Office visit for Preventive Medicine ages 65 and older	99387	99396
GYN exam - any age	May also use G0101	

**11. What if my EOB does not have one of the eligible procedure codes?**

- EOB includes one of the eligible Preventive Codes but claim was not paid – call Highmark to see what diagnosis code was used
- EOB has a procedure code that is different from one of the eligible Preventive Codes and you had told the provider it was supposed to be your annual physical – Call the provider and note that you had indicated it was supposed to be your annual physical but it was not billed that way. The provider may be willing to resubmit the claim with a Procedure and diagnosis code that indicates it was Preventive.

Highmark can be contacted about how a claim paid. They can provide the diagnosis code that was used on the claim which may provide information as to why the claim was paid a certain way.

**12. How will [employer name] know if the annual physical requirement has been met?**

A report will be produced at the end of May 2017 (based on claims records) to verify which employees had an annual physical. This report will not contain any details of the visit. The report will simply verify the processing of an annual physical and will be used to determine the [incentive] for each employee.

**13. What if I have more questions?**

Please contact [name, title, contact information].

[Date]