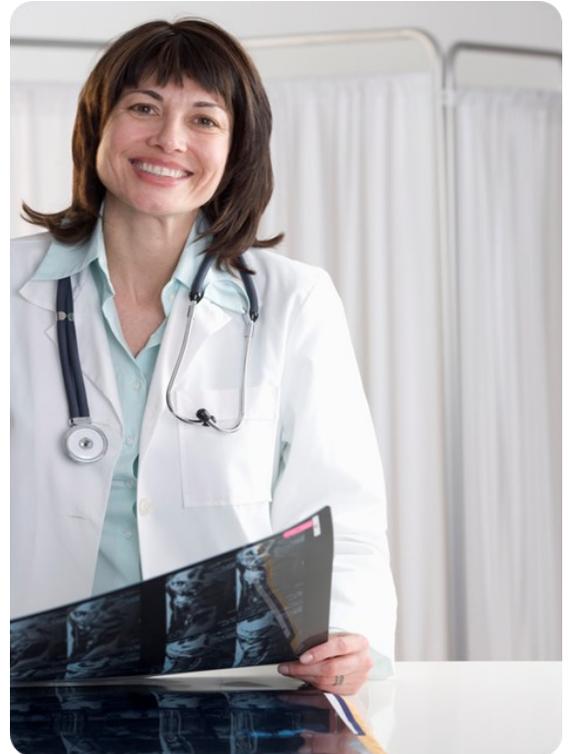


What's the difference between a Preventive, Diagnostic or Routine Visit to My Doctor?

Preventive

- Preventive Services are defined as “The act of preventing an illness or condition from happening”
- The federal Affordable Care Act (ACA) determines which preventive services must be covered and your health plan complies with these ACA guidelines on preventive care and immunizations. When the ACA determines a service is preventive, it is covered at 100% by the plan and without you paying a copayment, coinsurance, or deductible for these services when delivered by a network provider.
- Common examples of preventative care include well visits for babies, children, and adults and certain labs, x-rays and immunizations as determined by the ACA. Certain screening test done in order to catch a disease early such as yearly Pap tests for women or prostate exams for men, colorectal cancer screenings, and mammograms are also examples of preventative care and services.
- Plan benefits are paid based on the coding your doctor assigns to the claim. If your doctor visit begins as preventive but the doctor identifies a condition and submits the claim with a diagnosis of a condition or as treatment of a condition, UMR cannot pay the claim as a preventive visit.



Routine/Diagnostic

- Routine services are defined as services provided in response to a complaint or condition identified by you or your doctor. Routine or diagnostic services include identifying or evaluating a new condition or illness, routinely monitoring an already known condition, or providing treatment for a condition or illness.
- The health plan applies the copayment, coinsurance, or deductible for routine or diagnostic services.
- Periodic visits to your doctor to monitor a diagnosed condition such as diabetes or hypertension are considered routine or diagnostic visits that monitor or treat a known condition. These visits are subject to copayments, coinsurance, or deductibles.
- The claim from the doctor's office will indicate the type of service performed. If your doctor submits a claim as routine or diagnostic, UMR will apply the appropriate benefit level.

Helpful Hint:

When seeing a doctor for your annual wellness exam, make sure you remind your physician that you are there for a wellness exam. You want to be billed for a wellness exam, as the labs and services associated with a wellness exam are paid at a higher benefit level.