



Celebration Pediatrics Office Coding Policy

An annual exam or well check visit is a routine check-up, which includes obtaining a weight, height, blood pressure check, vision screening, and an exam by a physician. Your provider may also order some screening exams, such as lead and hemoglobin, hearing screen, or other studies as indicated.

A problem or "sick" visit focuses on discovering and evaluating problems. Examples could be congestion or cold symptoms, depression, anxiety, or a skin condition such as acne.

Each of these visits has its own procedure code, which is used to file claims with your insurance company. The insurance company determines its own reimbursement for physician services.

Sometimes during a well exam, a problem is identified based upon a patient's present medical complaint, or when the physician discovers abnormalities during the visit through the exam or review of the patient's history. If this happens, the physician may need to initiate an evaluation of the problem and file a claim for both types of visits on the same day.

Coding rules set by the health insurance industry specifically state: "If an abnormality is encountered or a pre-existing problem is addressed in the process of performing this preventative medicine evaluation service, then the appropriate visit code should also be reported. This is not double billing but is the correct coding procedure. This may also save the patient another trip to the office later. Our goal is to address every patient's health concern as thoroughly and efficiently as possible. Sometimes this can be done at the same time as the well exam, thus eliminating the need for an additional visit. However, insurance companies will still require the same co-pays or apply the same deductibles as would be required for a separate visit. (Please keep in mind that some conditions may elicit an additional follow-up to address certain conditions or concerns. Your physician will determine this at the time of the visit if indicated.)