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Why are there 2 charges for a physical exam?

A physical exam is done yearly, or less often, depending on the patient's age and health. The focus of this is screening for any new health problems and disease prevention (including immunizations, lifestyle changes, etc.). Often various screening lab tests are done as well.

The physical exam code as defined by Medicare, does not include treatment of existing chronic health problems (thyroid disease, diabetes, high blood pressure, etc.) or acute problems (cold/flu, injuries, etc.) When a patient has these types of health conditions, a medical practitioner has 2 choices. One is to tell the patient that discussion of these chronic or acute conditions will have to be done another day, and only treat and charge for the preventive care. The other option is to allow time to address the additional issues on the same day and charge for both services. We feel option 2 is the more logical choice for the patient.

Under the Affordable Care Act, patients have no out-of-pocket expense for preventive services, which includes an exam focused solely on health maintenance. However this does not apply to the treatment of existing chronic health or acute conditions. When these conditions are addressed and coded during this visit, a patient may have out-of-pocket expenses. The extent of this expense depends on the patient's insurance plan. Please note this expense would be the same whether that care was done along with a physical exam or on a separate day.

If you have further questions, please feel free to contact our office.