

# DIAGNOSTIC VERSUS PREVENTIVE CARE



# How Can I Pay Two Different Amounts for the Same Procedure?

## YOUR BENEFIT PAYMENT DEPENDS ON HOW YOUR DOCTOR CODES YOUR PROCEDURE

Preventive care, or routine care, is typically covered at 100%. Diagnostic tests — screenings performed for treating or diagnosing a medical condition — are typically covered at your plan’s standard benefit level.

## WHAT’S THE DIFFERENCE?

In general, the reason for the exam. When you see a doctor for routine care, you would not have symptoms or a previous medical history that would require the doctor to perform the procedure(s). When you receive diagnostic care, the doctor is performing the procedure(s) to find out what is wrong with you or to treat your condition.

## TO ACCESS THE BLUE CROSS BLUE SHIELD PREVENTIVE SCHEDULE ON OUR WEBSITE:

Log on to [highmarkbcbs.com](http://highmarkbcbs.com) (If you do not have a login ID, you’ll need to click on the “Register Now” link). Click on the “Health & Wellness,” “Healthy Living” and “Prevention” links. You can also call Member Service for a copy of the schedule.

If you are a 50-year-old male, you should have the following preventive care:

- Routine physical exam
- Colorectal cancer screening
- Cholesterol screening

If you are a 40-year-old female, you should have the following preventive care:

- Routine physical exam
- Pap test
- Mammogram
- Pelvic exam

If you are a 50-year-old female, you should have the following preventive care:


- Routine physical exam
- Colorectal cancer screening
- Pap test
- Mammogram
- Cholesterol screening

## SEE THE FOLLOWING EXAMPLES:

John, Janice, and Judy have procedures performed by their network physicians. All three have the same PPO plan. However, they pay different amounts for their care because John is receiving preventive care, Janice is receiving diagnostic care, and Judy is receiving both.

John	Janice	Judy
<b>Reason for exam:</b> John turned 40 and figured he should have an annual exam and “once over” to see how his health is.	<b>Reason for exam:</b> Janice is a diabetic and is recovering from a near heart attack. The doctor put her on a strict diet and exercise regime and wants to perform follow-up tests to measure her improvement.	<b>Reason for exam:</b> Judy needs to follow up with her doctor to see if the cholesterol-reducing medication is working. While there, she decides to take care of her routine physical and get a flu shot, because flu season is coming.
<b>Procedures performed:</b> <ul style="list-style-type: none"> <li>• Physical Exam</li> <li>• Blood Pressure</li> <li>• Cholesterol Screening</li> <li>• Lipid Panel</li> <li>• Fasting Blood Glucose</li> <li>• Urinalysis</li> </ul>	<b>Procedures performed:</b> <ul style="list-style-type: none"> <li>• Physical Exam</li> <li>• Blood Pressure</li> <li>• Cholesterol Screening</li> <li>• Lipid Panel</li> <li>• Fasting Blood Glucose</li> <li>• Urinalysis</li> </ul>	<b>Procedures performed:</b> <ul style="list-style-type: none"> <li>• Lipid Panel</li> <li>• Physical Exam</li> <li>• Flu Shot</li> <li>• Urinalysis</li> </ul>
<b>Doctor codes and submits as:</b> Routine	<b>Doctor codes and submits as:</b> Diagnostic	<b>Doctor codes and submits as:</b> Some procedures as diagnostic, some as routine.
<b>Benefit payment:</b> All of these procedures are covered at 100%.	<b>Benefit payment:</b> All of these procedures and office visits are covered at the standard benefit level.	<b>Benefit payment:</b> Procedures billed as routine will be covered at 100%. Procedures billed as diagnostic will be covered at the standard benefit level.

## QUESTIONS?

 If you or your doctor have questions about the administration of the care as listed on the schedule, please call Member Service at the number listed on the back of your ID card.

# What Preventive Care Do I Have Coverage For?

The Blue Cross Blue Shield Preventive Schedule is a list of general care guidelines. We encourage you to take a copy of the schedule with you when you or a family member visits their medical provider.

The schedule includes tests that are performed for both routine and diagnostic reasons. If you are seeing your doctor and have not been diagnosed with a medical condition, you should expect the services to be performed for routine/preventive care and covered at 100%, not subject to deductible or coinsurance. Only those procedures that are listed on the Preventive Schedule are covered at 100% with no deductible during a preventive exam. If your doctor orders other tests, those tests may be subject to your deductible and/or coinsurance, or they may be denied in certain instances. If you have a medical condition and the tests are being done to monitor the condition, then the services would be performed for diagnostic reasons and subject to your program's deductible and coinsurance.

## Sample of Preventive Benefits

<b>Benefits for adults</b>	<b>When submitted by your doctor as routine</b>	<b>When submitted by your doctor as diagnostic</b>
Routine physical exams	100%	standard plan payment level
Routine gynecological exams, including a Pap Test	100%	standard plan payment level
Mammograms, as required*	100%	standard plan payment level
Colorectal Cancer Screening*	100%	standard plan payment level

Insurance carriers may differ in their preventive care schedules. If you or your doctor has questions about the administration of the care as listed on the schedule, please call Member Service at the number listed on the back of your ID card.

\* See the Preventive Schedule for specific procedures and risk factors.



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### Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。  
请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyon tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

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