Patient Billing Notification

Pelvic Exam Code

Effective January 1, 2024, CMS (The Centers for Medicare and Medicaid Services) approved the use of CPT code 99459 to help with the increasing costs of providing healthcare to women, specifically with the additional costs associated with the resources required for most of our exams. Using CPT language, this code is considered a practice expense add-on code and is added to your visit. Unfortunately, commercial insurance carriers often set their own rules and may not pay for this code, therefore, they may pass the cost of the service on to you. In some instances, this cost could be as high as $60.00.

Lab Billing

Q: Why aren't my labs covered in full?
A: If you have insurance, your claims will be billed to your policy. Based on your benefits, your insurance will determine if your labs are covered (paid in full, applied to your deductible, applied to your co-insurance) or are not a covered lab. The provider will order labs that are necessary to diagnose your condition. It is your responsibility as the patient to check with your insurance regarding coverage.

Q: Why am I getting a bill from M Health Fairview?
A: Certain labs we can perform at our in-house lab; there are others that must be sent to M Health Fairview for processing. If this is the case, M Health Fairview will bill your insurance for the testing rather than your ObGyn Clinic.

Q: I called my insurance company, and they told me my visit wasn't coded as preventive, can you re-code it?
A: The charting from the provider, for the reason a certain service is performed will determine if it can be coded with a preventive screening code. If you are experiencing symptoms, your lab(s) will be billed as diagnostic. We cannot change the coding to preventive so that it will be covered by insurance if it's done for diagnostic purposes, as this would be considered fraudulent billing.

Ultrasound Billing

Q: Why am I being billed for an ultrasound by a provider that I didn't see?
A: There will be instances in which the provider you saw for your visit is not the provider that your ultrasound will be billed under. The provider who does the final review and signs off on the ultrasound is the provider under whom your ultrasound will be billed.

Q: Why isn't insurance covering my ultrasound in full?
A: If your ultrasound is being performed for diagnostic reasons (to diagnose a possible problem), insurance may require a co-pay or will leave a patient balance to your co-insurance and/or deductible.

Q: Why am I being billed for two ultrasounds?
A: Often the sonographer will attempt an abdominal ultrasound, if they are unable to get the images they need to assess your medical condition, a transvaginal ultrasound may be required. Due to this, you may be billed for two separate ultrasounds.

Q: I called my insurance company, and they told me my visit wasn't coded as preventive, can you re-code it?
A: Typically, ultrasounds are not considered preventive. They are usually performed to diagnose a problem due to symptoms described by the patient. For example, if you are pregnant and your provider orders an ultrasound to measure the growth of your baby, this would be billed as diagnostic.

Risk Assessment Screenings

Patients will be screened for depression and anxiety using the PHQ-2/PHQ-9 and the GAD-7 during specific appointments (CPT 96127/G0444). This is a billable charge that will be sent to your insurance, insurance may require a co-pay or will leave a patient balance to your co-insurance and/or deductible.

Preventative Care Visits Billing

Routine Physical Exam vs. Problem Exam: A physical exam visit is when a healthy patient is seen by a provider annually to be screened for various illnesses or diseases; this is considered preventive medicine. If a patient comes in to discuss any suspicions or complaints of illness or disease, this is considered a problem-focused exam. We provide both preventive medicine as well as problem-focused services.

It is important that your provider fully understands all issues concerning your healthcare. However, please be aware that discussion and/or evaluation of additional medical conditions and/or any other services performed unrelated to preventative care could incur additional charges. ***These additional charges may be an office visit (including co-pay/deductible/co-insurance), procedure(s) or laboratory services.***

Our staff is dedicated to ensuring that your visit is covered by your insurance or advising you otherwise prior to your appointment. In some instances, we might not be able to obtain this information. It is always best practice for you to check with your insurance carrier to verify your specific benefits to ensure there are no unexpected financial surprises at the time of your visit. Payment for services is ultimately your responsibility.

Colposcopies and endometrial biopsies are not considered a preventative service, these are diagnostic services that will be billed accordingly.