

Preventive vs. Acute Care FAQs

Congratulations on scheduling a preventive health visit, a vital step toward better health!

A medical evaluation is just as important when you feel healthy as it is when you are ill. Preventive care is health care performed as a precaution to **prevent diseases from developing** or to **detect diseases at early stages**. Preventive care should be an integral part of your annual planning for your health.

Below are frequently asked questions (FAQs) to help you understand how health plans mandate what is considered “**preventive**” and what is considered “**active or ongoing**” health care. These distinctions affect what services your health insurance will cover and what you may be responsible for paying.

What is covered under the preventive care benefit?

Depending on your insurance plan, services defined as “preventive care” are likely to be covered at no cost to you. Preventive care is the periodic routine assessment of your health to avoid future illness

Those services include:

- A complete review of your personal and family history (this information can guide medical and preventive care)
- A comprehensive physical exam tailored to your age
- All routine CDC recommended vaccinations
- Most routine basic cancer screenings
- Routine preventive blood testing (e.g., diabetes and cholesterol screenings)

What is the difference between preventive care and acute or ongoing care?

Ongoing or acute care involves the diagnosis, treatment, and monitoring of specific diseases and conditions.

Examples of ongoing or acute care include:

- Diagnosing or addressing a new condition that is identified during your physical exam, such as a skin cancer.
- Monitoring or treating a condition you already have, such as diabetes, which may involve refilling medications. While this can be done at a preventive health visit for your convenience, Medicare, Medicaid, and typical health plans mandate that there be a specific additional charge for these services.

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- Some vaccines are routine and others are only needed for specific situations. Vaccines that are not considered routine and are only needed in certain situations such as traveling internationally will require specific payment. Routine vaccines are usually covered by your health plan.
- Every health plan has certain laboratory tests that it covers 100% and others that are considered non-routine and may be charged to you or as part of your deductible.

What happens if I come in for a preventive visit and there is a need for diagnosis and treatment of an acute (e.g., a urinary tract infection) or an ongoing (e.g., diabetes or hypertension) condition during the same visit?

You may see your doctor for a Pap test to screen for cervical cancer (preventive care) but also discuss a new or ongoing health concern such as asthma, or a new condition discovered during your physical (such as a urinary tract infection) in the same visit.

Although the focus of the preventive health visit is keeping you healthy, we make every attempt to address other concerns during your visit, because we understand it is the most logical and convenient time to address your health issues.

Depending on the list of issues you would like to review and your doctor's schedule for the day, your doctor might ask you to schedule a visit at a later date.

How will I be billed if the above scenario occurs?

In order to comply with insurance billing guidelines, we must bill separately for these services. **In cases like these, the acute or ongoing care part of the visit might generate an additional copay or count toward your out of pocket expenses.**

What can Austin Regional Clinic do about this?

Unfortunately, we cannot change this practice. Austin Regional Clinic has contracts with over 50 insurance companies and we must follow their rules.

We apologize for this inconvenience to you and appreciate your understanding that we must follow insurance company billing guidelines in order to submit claims on your behalf.

Who do I contact if I have questions about my benefits?

Questions related to your benefits should be directed to your insurance company or your employer's Human Resources department.