

# Annual Physicals Important Information

Our medical insurance covers the annual preventive physical at 100%. Your doctor may order lab tests and other tests that may be helpful in determining your overall physical health that may not be covered by your insurance. Therefore, you will incur a payment. If your doctor puts a reason why he is ordering the test in the diagnosis code, the tests should be covered at the 90% level. You will end up paying 10% of the cost. If your doctor uses a **“routine”** code, you will pay the full cost of the test. **We tried to negotiate with Arcelormittal to include the most important and most frequently ordered tests to be paid at 100% per the Health Awareness Initiative, but were unable to get them to agree.** Below is a list of the most frequently ordered tests when having a physical that aren't covered.

Comprehensive Metabolic Panels, CBC, Urinalysis, Thyroid Stimulating Hormone Test, and EKG/ECG

**These tests are not necessary to achieve the annual preventive physical per the Health Awareness Initiative.**

How to avert a problem with paying for lab tests

When your doctor is sending you for lab or diagnostic tests, you need to inform him that he needs to be doing the tests for a reason. If he puts down **“routine”** as his diagnosis code, you most likely will be responsible for the cost of the test. Insurance does not pay for **routine** tests. So, make sure that your doctor puts down a reason other than routine for ordering a test.

How to fix a lab or other test bill that the insurance isn't covering

The reason that most of the tests that aren't being paid for by your insurance is because the doctor has coded the tests as **“routine”**. You can contact your doctor and ask him to change the **“routine”** code to a different diagnosis code that represent the reason why he ordered this test. Most doctors will be willing to do this.

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