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Preventive care: \$0 copay, so why am I receiving a bill from my provider?

The Affordable Care Act's preventive care rules mean that for services labeled "A" or "B" according to the U.S. Preventive Services Task Force, there is no copay that you need to pay for those services. Sometimes physicians will include additional screenings or tests that are not listed on the "official list." If that happens, the service will be submitted with a diagnostic code rather than a preventive code which will result in a copay responsibility. If you or your physicians feel that the service was appropriate for your medical history, call your insurance company and ask that the claim be reprocessed as a preventive service.

- **U.S. Preventive Services Task Force** – the list of recommended preventive services categorized "A" and "B" can be viewed online by going to the following website: <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>
- **Health Plans** – your health plan may publish a list of the recommended preventive services, as well. Call the member services department of your health plan or look online at their website for information regarding preventive services.

Q: Why did my doctor's office have me sign a form acknowledging that some services during a preventive care visit may be subject to a copay?

A: This could be for a number of reasons related to the recommended list discussed above. It could be that as a matter of course, the physician's office includes services which are known not be recommended in the "A" and "B" category, so they are informing you in advance that you may have a copay in order to avoid surprise medical bills. Alternatively, if during your preventive care visit, you discuss a problem or symptom, the care provided for that issue can be coded as diagnostic rather than preventive which will also lead to a copay responsibility. Overall, if you feel the services rendered during a preventive care visit were inclusive of the scope of preventive care, call your health plan to ask for the copays to be adjusted.

Q: How do I find the code my doctor billed for the service?

A: Match the bill or invoice to the Explanation of Benefits (EOB) where you can see the date of service and code billed. If the code is not listed, call your health plan claims department or the doctor's billing office for assistance.