Child and Adolescent Health Specialists, PC

General Pediatrics
Developmental-Behavioral Pediatrics
Behavioral Health Therapy

Healthcare Billing 101

As you know, medical insurance has become very complicated. In addition to traditional commercial PPO, HMO and POS plans, there are many variations within these categories, as well as an entire subset of Self-Funded plans and Limited Networks. There are literally hundreds of different plans. Each one is significantly or just slightly different from another.

What You Need to Know

- We are contracted with most major health plans, but we are not contracted with all. At the present time, we accept Blue Cross, Harvard Pilgrim, Tufts, Cigna, United, Fallon, TriCare and US Family Health. Some of our providers also accept Aetna, MassHealth PCC Plan and Neighborhood Health.

- For Limited Network Plans, we are contracted with Harvard Pilgrim Focus plan and Fallon Direct Plan. We are not contracted with Tufts Network Health or others at this time. If your MassHealth is an ACO, we are not contracted for Primary Care except with the PCC plan. This will change next year.

- If your plan is a self-funded plan, you have different rules set by your employer. You may be allowed to go out of network for care with a referral or if you have a PPO.

- Some plans require you to have a Primary Care Provider (PCP) identified. In that case, you will need referrals to see a specialist or you will be required to pay for the appointment.

- Sometimes your insurance picks a PCP for you that is not one of our providers. Sometimes insurances make errors in the effective date of your plan, PCP name or your child's date of birth.

All of the above must be verified by our office as correct BEFORE your appointment, or you will be responsible for payment at the time of the appointment.

- Most plans have a patient cost share either as a copay, co-insurance, deductible or combination, which is your responsibility to pay. Some deductibles only apply to certain things: emergency room visits, hospitalizations, surgical, diagnostic imaging (MRI, CT scan, xray, etc.) and lab testing. These may include wart removal, hearing screening and developmental/behavioral screenings.

- If you or your employer chooses a high deductible plan for a lower monthly premium, you are required to pay for the first designated amount, after which your insurance will pay. You may have a HRA, HSA or Flex spending account to supplement this. You are responsible for payment of your deductible.

- There are very specific regulations about billing for health care services. As your health care provider, we are obligated to follow those regulations in how we report services provided to you. Additionally, every insurance plan may have different rules that may vary even among plans from the same insurer.

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- All physicians/providers must report services using a variety of codes to tell the insurance company what was done and why. ICD= diagnosis, CPT= what was done.

Each part of a visit has a separate ICD and CPT code. For example, the doctor's exam is a code, hearing screening is a code, vision screening is a code, developmental questionnaires are a code, each vaccine is a separate code and each administration of a vaccine is a separate code.

- Well visits are routine healthy exams with preventative screenings and education. They typically do not cost patients ***unless*** your insurance decides that any CPT applies to your deductible or has limitations by age or the number of codes that can be completed in a specific time period. Examples are: hearing (92587), vision (99173) and developmental and behavioral questionnaires (96110/96127). Even though these all are screenings and NOT diagnostic, some insurances do not pay them, put limits on them or apply them to patient deductible.

- Sick visit/recheck/follow up visits are for addressing illness/injury/ medical issues that may be new or chronic and require ongoing monitoring (e.g. ADHD, asthma, weight issues, scoliosis, etc.)

- It is not uncommon for patients in the course of a routine well visit to receive management and treatment services for a separate and specific problem, as well as routine or preventive services. For example, your child is seen for a routine yearly visit and the doctor discovers an ear infection or your child has behavioral issues that require medication to be prescribed. Both services must be reported to the insurance company and may result in an additional co-payment or charge as per the insurance plan rules.

Your financial responsibility is determined by the rules of your insurance company, which we are obligated to follow.

- You can call your insurance company with the CPT codes and ask if they apply to your deductible for a given visit. Your insurance is required to tell you what your responsibility is for these services within 2 days of your call.

- We have provided you with a list of our most commonly used codes as part of your registration packet.

What You Need to Do

- Call our office if your insurance changes ***before*** you need to schedule an appointment so we can make sure everything is correct so you don't have to pay unnecessarily!

- Call your insurance company if you have a deductible and are concerned about what is covered in an office visit. (see list of codes)

If our business office can help, please call us at 781-923-1838