

FAQs

Wellness Benefits Allow for USPSTF Approved Tests and Screenings

General Information about Preventive Services and USPSTF Approved Tests and Screenings

During a general wellness visit, it is appropriate for our members to receive USPSTF approved preventive tests and screenings to uncover possible illnesses before they cause symptoms or problems. The goal of these tests is to provide the most accurate and up-to-date information about a specific member's health, uncover conditions to improve the member's health, and prevent illness. The US Preventive Services Task Force (USPSTF) [publishes recommendations](#) on the appropriate tests and screenings that have proven preventive value, as well as other tests and screenings not included as recommended and why.

Why is Blue Cross NC making this change?

It's only in part a change. Our members' wellness benefits have always allowed for coverage consideration for tests and screenings recommended by USPSTF. However, other non-recommended tests and screenings that are not eligible under our members' wellness benefits have been processing for payments. These tests are not preventive and through this change we'll better ensure only the services eligible under a member's specific wellness benefit are processed and paid as part of that benefit.

Additionally, Blue Cross NC is committed to identify and eliminate wasteful medical expense. We found our 2016 claims data demonstrated significant reimbursements were made for diagnostic tests that are not considered to be preventive by the US Preventive Services Task Force (USPSTF). These tests are diagnostic in nature.

What is changing for January 1, 2018?

Beginning January 1, 2018, tests and screenings not included as part of those recommended by USPSTF and ineligible under our members' wellness benefits, will no longer be reimbursed when provided as part of a wellness visit and or when submitted on a claim with a wellness diagnosis code of Z00.00, Z00.129, Z00.70 and or Z01.419.

The following are the most commonly provided tests and screenings, which are for diagnostic purposes and not included as recommended by USPSTF for preventive testing. These diagnostic tests will be processed as non-covered when submitted using a wellness diagnosis code:

- Urinalysis testing (CPT codes 81000, 81001, 81002, 81003, 81005, 81015)
- Thyroid function testing (CPT codes 84436, 84439, 84443, 84479, 84480, 84481)
- Vitamin D serum testing (CPT codes 82306, 82652)
- EKGs (CPT codes 93000, 93005, 93010, 93040)
- Testosterone level testing (CPT codes 84402, 84403)
- Vitamin B serum testing (CPT codes 82607, 82608)
- Albumin (urine) testing (CPT codes 82043, 82044)
- Iron level testing (CPT code 83540)
- Chest x-rays (CPT codes 71045, 71046)

Who pays for a diagnostic service when it's billed with a wellness diagnosis?

Your patient/our member may become financially responsible for the costs, and that's why we need your help. The above diagnostic tests are not supported by USPSTF guidelines to provide information on health benefits or illness prevention, as part of a patient's wellness visit. Therefore, if these tests are ordered during a wellness visit and billed with a wellness diagnosis code, they will be denied as not covered under our members' wellness benefits. Unfortunately, if a test is denied as a non-covered service, the member will be responsible for the total cost of that test. The tests listed above are some of the most commonly performed and while not expensive individually--cumulatively they cost millions of dollars and are reflected in member premiums.

Can I refile the claim as a diagnostic visit so that some portion of the service will be covered by Blue Cross NC?

You may consider refiling the claim; however, that may be a misrepresentation of the actual service rendered. If the member/your patient has symptoms and needs the diagnostic test, then we would likely cover it if billed with a symptom diagnosis and not as a wellness visit. But, if a diagnostic test is ordered as a standard practice, such as a yearly urinalysis for all patients or in disregard of USPSTF recommendations, and the member is not exhibiting symptoms at the time of the visit, then refiling a claim with a diagnostic code is incorrect coding and constitutes the billing of an unnecessary test.

What is Blue Cross NC doing to educate members about what's covered in a wellness visit?

Education and advice regarding [preventive services](#) is published by Blue Cross NC on our website's member pages, which includes information about what's covered and non-covered, as well as a list of non-covered tests and screenings.