PEIA Adult Annual Routine Physical and Screening Examination Form

Primary Care Visit

You are entitled under the Patient Protection and Affordable Care Act (PPACA) to an annual primary care visit that is covered at 100% with no deductible, copayment or coinsurance once per plan year. * We recommend your Annual Routine Physical and Screening examination be provided by your CCP or primary care physician. This visit includes the following:

☐ History & Physical to include:
  ☃ Screening and counseling for
  - Alcohol and/or substance abuse
  - Blood pressure
  - Depression
  - Domestic violence
  - Obesity
  - STD prevention
  ☃ Review of medications

☐ Blood Work to include:
  ☃ General Health Panel
  ☃ Lipid Panel

☐ Immunizations as recommended by the American Academy of Family Physicians

Any additional services, including lab work, diagnostic testing and procedures with the appropriate diagnosis, that are provided to you during this visit will be subject to your deductible, coinsurance and copayments. This may result in additional out-of-pocket costs!

To the Provider:

☐ Bill one of the following codes for this visit:
  ☃ 99381-99397 for the annual adult preventative care visit

☐ The most commonly used diagnosis code for this visit is:
  ☃ Z00.00

☐ If you are CLIA certified, you may process labs in your office. You can bill the following for the lab work:

<table>
<thead>
<tr>
<th>Panel Code</th>
<th>Component Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>80061</td>
<td></td>
<td>Lipid Panel</td>
</tr>
<tr>
<td>80050</td>
<td>-</td>
<td>General Health Panel -- includes the following component:</td>
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<tr>
<td></td>
<td>- 80053</td>
<td>Comprehensive Metabolic Panel -- includes the following component code:</td>
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<tr>
<td></td>
<td>- 84443</td>
<td>Thyroid Stimulating Hormone (TSH) plus ONE of the following CBC or combination of CBC component codes for the same patient on the same date of service:</td>
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<tr>
<td></td>
<td>- 85025</td>
<td>Blood Count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count</td>
</tr>
<tr>
<td></td>
<td>- 85027 + 85004</td>
<td>Blood Count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; automated differential WBC count</td>
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<tr>
<td></td>
<td>- 85027 + 85007</td>
<td>Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; blood smear, microscopic examination with manual differential WBC count</td>
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<tr>
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<td>- 85027 + 85009</td>
<td>Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) AND Blood count; manual differential WBC count, buffy coat</td>
</tr>
</tbody>
</table>

☐ If you are not CLIA certified, labs must be performed and billed by a CLIA certified provider.
☐ Bill appropriate immunization codes.

*More details are available in the PEIA Summary Plan Description What Is Covered section.