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Reminder to schedule your child's School & Sports Physicals before school starts!

Also, a good time for All adults to schedule a yearly Annual Wellness Visit Exam or Physical!

## MEDICAL BILLING & INSURANCE....



### IT'S NOT EASY TO UNDERSTAND

Was my visit sent to my insurance?

What are these codes?

Why didn't my insurance pay?

Why are the charges different from the last time?

Why am I getting a bill?

These are just a few questions we commonly get asked.

Understanding insurance and the processing of claims can be challenging. So, we thought we would provide some information that might be helpful.

## Helpful Healthy Tips

- Stay Hydrated- drink plenty of fluids. Carry a refillable H2O bottle and aim for at least 8-10 cups daily (more if sweating heavily)
- Heat-Related Illness- be watchful and know the signs of heat exhaustion and heat stroke: fatigue, dizziness, nausea, vomiting, confusion, heavy sweating, chills.
- Protect Skin- use SPF 30 or higher. Reapply every 2 hours- especially after swimming or sweating.
- Water Safety- never leave children or anyone not knowing how to swim unattended near pools, lakes, or even kiddie pools.
- Bug Bites & Tick- use insect repellents and check for ticks after outdoor activities, especially in wooded or grassy areas.
- Mental Health- summer can be stressful and busy for families. Take time to unplug, rest and recharge. Take early morning or evening walks, screen-free time, & family conversations at dinner.



## Your Guide to Understanding Medical Coding, Billing & Insurance

At ELFHP we know medical bills and insurance terms can be confusing. Our goal is to help you feel informed and confident about what you see on your statements. Below is a simple guide to help explain how medical coding and billing works—and why you might notice differences from one visit to the next.

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### What Is Medical Coding & Billing?

When you visit our office, everything your provider does—like reviewing your medical history, performing a check-up, or managing a condition—is documented. This information is then translated into **standard codes** used across the U.S. healthcare system.

These codes are:

- **Sent to your insurance company** to request payment for the services provided
  - **Reviewed by your insurance** to determine what they'll cover and what portion (if any) becomes your responsibility  
Think of it like a receipt written in “medical language” to communicate with your insurance provider.
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### Why E&M Visit Levels May Vary

E&M stands for **Evaluation and Management**, which is the type of code used for most office visits.

The “level” of an E&M code depends on:

- The **complexity of your condition(s)**
- The **amount of decision-making** involved
- The **time spent** on your care during the visit -keep in mind, while time is one factor; it's not only time spent in the exam room- it includes work done Before & After your visit.

So, even if two visits seem similar, they may be billed differently based on what was discussed or managed during that specific appointment.

For example:

A quick visit for a sore throat = lower level


A longer visit reviewing lab results and managing multiple health issues = higher level

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### What Is CPT Code G2211—and Why Is It on My Bill?

You may see **G2211** listed as a small charge. This code is used when your provider is:

- Your **main point of contact** for ongoing care
- Managing **chronic or complex conditions**
- Spending time behind the scenes reviewing your history, test results, or coordinating your care


 **G2211 is Medicare's way of recognizing the extra time and effort your doctor puts into managing your overall health—not just what happens in the exam room.**

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### Why Did I Get a Bill When I Came in for My Routine Physical?

Many insurance plans cover **one preventive physical per year** at no cost to you. However, if you discuss **new concerns, symptoms, or medical issues** during that same visit, it may be billed separately with **modifier 25**.

If you came in for a **routine physical** but also discussed a **separate issue** (like new symptoms or a chronic condition), we may bill that part of the visit using **modifier 25**.

-  This allows your insurance to understand that **two different types of services** were provided on the same day:
- Preventive exam (covered annually)
  - Evaluation of a separate problem (may apply to your deductible or copay)  
This is a standard and ethical billing practice used nationwide.
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## Who Sets the Cost of My Visit?

It's important to know:

**Our office does not set the final cost of your visit.**

We follow standard **CPT (Current Procedural Terminology) codes**, and your **insurance company determines how much they'll pay for each code.**

We charge based on what is **allowed by your insurance**. Your portion (if any) is determined by:

- Your specific **insurance plan**
- Whether you've met your **deductible**
- Your **copay or coinsurance** requirements


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## How to Read Your Insurance EOB (Explanation of Benefits)

After your visit, you'll receive an **EOB** from your insurance. This is **not a bill**—it's a summary of:


- The services billed by our office
- What your insurance covered
- What you may owe (copay, coinsurance, or deductible)

Common terms what you may see on your EOB:


 1. **Deductible**- the amount you must pay out of your own pocket before your insurance starts covering costs.


*Example: If your deductible is \$1,500, you pay the first \$1,500 of your medical expenses each year before insurance pays.*

 **Tip:** Deductibles reset every year—check when yours starts over!


 2. **Copay**- a set fee you pay at the time of your visit.


*Example: You might pay \$25 every time you visit your doctor, regardless of the total cost of the visit.*

 **Tip:** Copays don't usually count toward your deductible—but they do count toward your out-of-pocket maximum.


 3. **Coinsurance**- the percentage you pay after your deductible is met.


*Example: If your coinsurance is 20% and your doctor visit costs \$100, you pay \$20, and insurance pays \$80.*

 **Tip:** Coinsurance kicks in after your deductible is met.


 4. **Allowed Amount**- the maximum amount your insurance will pay for a service. This is based on a contract between your insurance and your provider.

*Example: If your doctor charges \$150 but the allowed amount is \$100, insurance pays based on the \$100, not the full charge.*

 **Tip:** You are not responsible for the difference between the provider's charge and the allowed amount when seeing an in-network provider.


 5. **Adjustment**- the discount or write-off the provider takes when billing your insurance. It's the difference between the provider's charge and the allowed amount.

*Example: If the doctor charges \$150, and the allowed amount is \$100, the \$50 is adjusted off—you don't pay it.*

 **Tip:** This amount is not billed to you.

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Always compare your insurance EOB to your provider's bill to ensure they match. If something seems unclear, we're happy to explain it 🍌 **we're Here to Help**-with questions about your bill, your insurance EOB, or why a specific code appears—please don't hesitate to reach out. We're committed to making healthcare billing as easy to understand as possible.

 Call us @ 402-483-7507

*Thank you for trusting us with your care!*

— ELFHP Team