

Information for routine physical appointment:

What is done for a routine exam:

Consult with provider, which consist of blood pressure check, weight, BMI, Depression screening, health history screenings and physical exam.

If you are getting your cholesterol checked, remember to fast – no food or drink from midnight the night before your appointment, except for water or BLACK coffee (no cream or sugar). You can take any morning medications.

Procedure Description	Procedure Code (CPT) & Insurance Price	Diagnosis Code** (ICD-10)
EKG (Electrocardiogram)	93000 \$55	Z13.6 (Cardiovascular Screening)
Chest X-ray	71046 \$85	Z00.00 (Routine Adult Exam)
X-ray Radiology Fee	76140 \$41	Z00.00 (Routine Adult Exam)
Urine Dip	81002 \$10	Z00.00 (Routine Adult Exam)
Blood work:	36415 \$15	Z00.00 (Routine Adult Exam)
CMP (Comprehensive Metabolic Panel: Includes Sugar, Potassium, Liver and Kidney Function Test)	80053 \$70	Z00.00 (Routine Adult Exam)
CBC (Red and White Blood Cell Counts)	85025 \$35	Z00.00 (Routine Adult Exam)
Lipid Panel (Total Cholesterol, HDL, LDL, and Triglycerides)	80061 \$45	Z00.00 (Routine Adult Exam) and Z13.6 (Cardiovascular Screening) Z13.220 (Lipoid Screening)
TSH (Thyroid)	84443 \$76	Z00.00 (Routine Adult Exam) and Z13.29 (Endocrine Disorder Screening)

**Starting January 2017, if you have been diagnosed with Hypertension, High Cholesterol, Diabetes or any Thyroid disorders, screening and routine diagnosis codes will NOT be covered and must be filed as diagnostic codes for any blood work done. This means the blood work will be subject to normal diagnostic benefits versus routine benefits.

Please contact your insurance if you have questions on your policy and/or what is covered for your physical. Please use the procedure codes (CPT) and the diagnosis codes (ICD-10) that are provided above IF you DO NOT have a diagnosis pertaining to the listed procedures. Otherwise your diagnostic codes, e.g. Hypertension, High Cholesterol, etc., will be applied to the corresponding labs. The listed prices for blood work is if the labs were billed from out office NOT from lab facilities.

Feel free to print this sheet, document your call with the insurance company, and bring with you to your visit.

Spoke with _____ on _____
Name of person at insurance Date

Reference number given for call _____

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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