

WHAT IS THE DIFFERENCE BETWEEN PREVENTIVE, DIAGNOSTIC AND CHRONIC CARE?



Preventive, diagnostic and chronic care all plays an important part in keeping you as healthy as possible. But, sometimes the difference between them isn't so clear.

What is Preventive Care?

Preventive care includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms. The right preventive care at the right time can help you stay well and could even save your life.

To be eligible for [Healthy Lifestyle Premium Discount #3](#), you would need to complete at least one of the following preventive exams or health screenings:

- Biometric screening
- Annual physical
- Well-woman exam
- Prostate exam
- Mammography
- Colonoscopy

What is Diagnostic Care?

Diagnostic medical care involves treating or diagnosing a problem you're having by monitoring existing problems, checking out new symptoms or following up on abnormal test results.

Examples of diagnostic care include:

- Colon cancer screening (colonoscopy) to evaluate rectal bleeding
- Mammogram to follow up on a breast lump

What is Chronic Care?

Chronic care is health care provided to a person for an illness or injury that has been going on for longer than two weeks. Examples of chronic health care are treating a person with congestive heart failure, arthritis, or a cough that has been persistent for months.

Why Does It Matter If My Services are Preventive, Diagnostic, or Chronic care?

Your insurance coverage may be different depending on which type of services you receive. Many preventive services are covered at 100 percent (at no out-of-pocket cost to you).

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Here are a few examples of how the same tests can be preventive, diagnostic or routine chronic care:

Test / Service / Exam	Preventive	Diagnostic	Routine Chronic Care
Blood Pressure Check	A person with no history of high blood pressure gets a routine blood pressure check to screen for high blood pressure.	A person with risk factors for high blood pressure, like being overweight and smoking, visits the doctor because he or she has early morning headaches.	A person with a history of high blood pressure gets a blood pressure check to be sure his or her medication is helping.
Mammogram	A 55-year-old woman gets getting a routine mammogram to screen for breast cancer.	A 55-year-old woman who noticed a lump in her breast gets a mammogram to evaluate the lump.	A 55-year-old woman who had a lump removed from her breast two years ago for cancer gets a follow-up mammogram.

Why did I receive a bill after my routine preventive exam when it was supposed to be covered at 100%?

This exam is prevention focused, not problem focused. If you have a new health problem or other diagnoses that need to be addressed during your preventive office visit, e.g. high blood pressure, diabetes, skin rash, or headaches, your provider may bill part of the exam at 100 percent for your annual preventive exam and part of your office visit for treatment of your diagnosis. The portion of your visit related to the treatment of your diagnosis would apply toward your deductible and coinsurance. If your provider feels that the majority of the time was spent with medical concerns, the entire visit may be considered a medical treatment visit and would not be billed as preventive. It's important to note that your healthcare provider has the right to code and bill as they see the service from his or her viewpoint.

Will my provider address only what my health plan covers for a routine preventive exam?

Your provider does not know your health plan benefits and sees many patients with various insurance plans throughout the day. You are responsible for knowing what services are covered under your health plan. Review your Summary of Benefits on the [Benefits webpage](#) prior to your preventive exam or call the Aetna Member Services phone number on the back of your medical card for your benefit information.

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What can I do to make sure I receive my routine preventive exam benefit (100% coverage in-network)?

You can take the following steps to help ensure your routine exam is billed correctly:

1. When scheduling your routine preventive exam with your provider's office, use the terms "routine preventive exam" or "annual physical", not "check-up", which implies checking up on a health problem.
2. When you talk with your provider, let them know you are there for your routine preventive exam.
3. If you bring up health problems (i.e. skin rash) during your routine preventive exam, understand that you may have a charge related to the treatment of that problem.
4. Do not save up all of your health concerns for your routine preventive exam. If you have a current chronic condition, you may need other diagnostic visits & services during the year.

The recommendations in this article are not a replacement for your doctor's advice. They are intended only as general guidelines for preventive care. Please consider the information presented here, but make sure to talk to your doctor about screenings and exams you may need now and on a regular basis, depending on your current health, family history and other individual factors. The Preventive Care Guidelines represent the minimum level of required coverage. Refer to your benefit plan for detailed information on your coverage.