

PREVENTIVE VS. DIAGNOSTIC CARE

If you wear sunscreen, you can prevent a sunburn. If you wear a seatbelt, you can prevent more serious injuries in a car accident. We do these “preventive” things every day to reduce our risk for serious illness or injury.

Regular preventive care with a primary care physician and a gynecologist helps you stay healthy. Catching issues early or keeping them from happening is better for your health and easier on your wallet.



To better understand your health insurance coverage, it is important to know the difference between “preventive care” and “diagnostic care.”

Preventive care happens on a routine basis. This could be every year (like your annual wellness exam) or on a different schedule, depending on what your health care provider recommends. These regular appointments help to catch health problems early or prevent them altogether. Some common preventive services include regularly scheduled Pap smears and mammograms, prescription birth control medication, gestational diabetes screening, and cholesterol screening.

When you are sick, have a medical condition, or something feels unusual, you want answers. **We get “diagnostic” testing done to figure out what is likely causing our symptoms.** Diagnostic testing helps decide what care we need to improve our health and resolve symptoms. Common examples of diagnostic care include STI testing in response to pain, mammograms to investigate a lump, and X-rays after a fall.

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Health insurance covers preventive care and diagnostic care differently.

Preventive care is often free or low-cost when you see an in-network provider. **Diagnostic tests typically require you to pay a larger share** of the service costs. Most diagnostic tests are subject to your deductible. However, your health plan will typically cover some or all of the cost after you reach your deductible.

It's important to know how to avoid unexpected bills at a preventive care appointment. When you are at a preventive appointment (like a well-woman visit), your insurance will only cover preventive care.

If you ask a question or discuss something that falls under diagnostic care, such as how to manage diabetes symptoms, you are likely to get a bill for an office visit. This is because you discussed something with your doctor that is not considered preventive care and is billed differently.



If you receive a test or get sent for lab work during your preventive visit, you may be charged for that test as well.

Your health insurance company can tell you the cost of your copay or coinsurance for a particular diagnostic service—the amount you would be responsible for paying. They can also tell you which services are preventive and which are diagnostic under your health insurance plan.

To get an estimate of the total cost for a planned visit, reach out to your provider before your visit. Your provider is also required to give you a “Good Faith Estimate” of expected charges for your planned services before your visit.