

Lab Tests Best Practices

With the rising costs of lab tests, it is important to understand what labs your doctor may want to order, and which may be covered under preventive services. Some lab tests are considered preventive services and are available at no cost to you while others are considered diagnostic services.

Whether you qualify for free testing depends on several different factors, including your individual risk, your personal or family health history, and the recommended preventive services for your demographic group. Understanding the difference between preventive and diagnostic care can help you avoid additional charges. Below are the definitions of preventive and diagnostic related to medical billing.

- **Preventive Care:** Care that is designed to prevent illness or detect problems before you notice any symptoms.
- **Diagnostic Care:** Care to treat a known problem, or to diagnose a suspected problem because of known symptoms or abnormal test results.
- **Investigative Care:** A treatment, procedure, facility, equipment, drug, service or supply ("intervention") that has been determined not to be medically effective for the condition being treated.

When you are talking to your doctor about lab tests, here are some things you should do and ask. So that you don't forget to ask during your visit, be sure to write your questions down before you go.

- **Ask your doctor for specific information about what the tests are.**
 - Ask for the names of the tests, what each is for, and how it will help your health care
 - Ask if the tests are considered preventive treatment and if not, what is the purpose of them and what are the potential costs of them
 - Ask for the CPT code of the tests being conducted
- **Ask your doctor where they send the samples.** Also check on Anthem's website to see if that lab group is in-network.
- **Talk with your doctor about why each test may be important for you.** Find out if your doctor wants you to have the test because of your symptoms, family or personal history, or specific risk factors.
- **Be open with your doctor if you feel a test is not right for you.** Ask your doctor if there may be other options that would accomplish the same goals and potentially be preferable to you.
- **If cost is a concern, make a plan with your doctor about what tests you want to have and when to get them done.** This will help you plan for any potential out-of-pocket costs.

In the table below, we have listed several common lab tests, along with information about what they are for. If you want to find out what your potential lab test costs will be, please give our customer service department a call at the number on the back of your ID card and we'll be glad to help you.

Type of Lab Test	Will I have to pay for this test?	What is this test used for?
Comprehensive Metabolic Panel (CMP)	This test is NOT a zero-cost service under the Affordable Care Act and will be subject to any applicable cost share for diagnostics under your policy.	Healthcare providers often use a comprehensive metabolic panel to get a broad assessment of your overall physical health. With 14 individual measurements, it can check several body functions and processes
Complete Blood Count (CBC) / Anemia Screening	Children up to age 18 may receive this test at zero cost as part of a routine screening.	A complete blood count helps providers screen for diseases and check for medication side effects to adjust treatment plans.
Lipid Panel	This test may be eligible at zero cost for some children, as well as adults over 40, as part of a routine screening.	Your doctor may order these tests as part of a regular health exam. Your doctor may use the results to prevent, check on, or diagnose a medical condition. The results help your doctor check your risk of heart attack and stroke.
Assay of Thyroid Stimulating Hormone (TSH) / Congenital Hypothyroidism Testing	This is a routine screening for newborns and is covered at zero cost for this age group. If you are not in this age group, this test will not be zero cost and will be subject to any applicable cost share for diagnostics under your policy.	All babies have this test when they are born. A newborn screening test screens your baby for congenital hypothyroidism as well as other diseases that can affect newborns. During your baby's first three years, it is very important that thyroid hormone levels are in the normal range. This will help make sure that your baby's brain develops properly.
Hemoglobin Glycosylated A1C / Diabetes Screening	This screening is eligible at zero cost for those who may be at increased risk of diabetes, including during pregnancy.	An A1c test is a blood test that checks the amount of sugar (glucose) bound to the hemoglobin in the red blood cells. This test can be used to diagnose prediabetes or diabetes and can also help your doctor see how big your risk is of developing problems from diabetes.
Vitamin D Testing	This test is NOT a zero-cost service under the Affordable Care Act and will be subject to any applicable cost share for diagnostics under your policy.	If you have a known bone disorder or a problem absorbing calcium, a vitamin D test may be used to see if a lack of vitamin D is causing your condition.