

Medicare-Covered Preventive Wellness Visits

January 2012



“Welcome to Medicare” Preventive Visit

Medicare will cover a **one-time** preventive visit during the first 12 months that you are enrolled in Part B. The “Welcome to Medicare” preventive visit is an opportunity for a complete assessment of your health and provides a baseline for future, personalized care with your doctor. This exam is a preventative physical exam and not a “routine physical checkup.”

How much does the exam cost?

As of January 1, 2011, **this visit is free** if your doctor accepts assignment.* If you are enrolled in a Medicare Advantage plan you may have to pay a copayment. Medicare will cover the exam if performed by a physician, physician assistant, nurse practitioner, or clinical nurse specialist. You must indicate to your provider that you want the “Welcome to Medicare Exam” when you schedule your appointment.

What should I expect during the exam?

During the “Welcome to Medicare” preventive visit your doctor will review your medical and family history, check your height, weight, and blood pressure, calculate your body mass index, give you a simple vision test and discuss short and long-term steps to prevent disease and keep you healthy. This exam **does not** include clinical laboratory tests.

Following the visit, your doctor will provide you with a written plan explaining which screenings and other preventive services you need.

Medicare beneficiaries who are at risk for abdominal aortic aneurysms may get a referral for a **one-time screening ultrasound** at their “Welcome to Medicare” preventive visit. You are considered at risk if you have a family history or a man, age 65 to 75, who has smoked at least 100 cigarettes in his lifetime. As of January 1, 2011, you **pay nothing** for this screening ultrasound if you are referred from the “Welcome to Medicare” preventive exam.

Medicare will also cover a one-time **screening EKG** if you get a referral from the “Welcome to Medicare” preventive visit. Effective January 1, 2011, you pay nothing as long as the doctor accepts assignment.*

[*Provider accepts Medicare-approved amount as full payment.]

Annual “Wellness” Visit

Starting January 1, 2011, Medicare began covering a yearly “Wellness” visit to develop or update a personalized plan to prevent disease based on your current health and risk factors. This visit will include a review of your medical and family history, check your height, weight, blood pressure, and other routine measurements, screen for appropriate preventive services and provide a list of risk factors and treatment options for you.

How often is it covered?

Medicare will pay for one “Wellness” visit **every 12 months** if you have been enrolled in Medicare Part B for more than a year. If you got a “Welcome to Medicare” preventive visit in your first year, you will have to **wait 12 months** before you can get your first yearly “Wellness” visit. You don’t need to have had a “Welcome to Medicare” visit before getting a yearly “Wellness” visit.

How much does the exam cost?

You **pay nothing** for this visit if your doctor accepts assignment.* If you get additional tests or services during this visit that aren’t covered as part of the “Wellness” visit, you may have out-of-pocket costs.

What should I take to the exam?

You should bring the following when you go to your “Welcome to Medicare” preventive visit or “Wellness” visits:

- Medical records, including immunization records (if you are seeing a doctor for the first time)
- Family health history
- A list of current prescription drugs, how often you take them, and why.

For more information about preventive benefits covered by Medicare, call SHIIP to request your copy of *Medicare Preventive Benefits* fact sheet.

SHIIP is a resource for objective information and assistance on Medicare and related health insurance issues. For assistance please call 1-800-351-4664 (TTY 1-800-735-2942) for the SHIIP services in your area, or check the SHIIP website: www.therightcalliowa.gov