

Medicare Wellness Visits

Frequently-Asked Questions

1. Does Medicare pay for a routine yearly physical?

No, Medicare does not pay for routine preventive physical examinations.

2. What preventive medical visits does Medicare cover?

Medicare pays for two wellness visits: a one-time *Welcome to Medicare Visit* and an *Annual Wellness Visit*.

Within the first 12 months you have Medicare Part B, Medicare covers the one-time *Welcome to Medicare Visit*. It includes a review of your medical and social history related to your health, and education and counseling about preventive services such as certain screenings, shots and referrals for other care that is needed. The visit is a great way to get up-to-date with your doctor about how to stay healthy.

You are eligible for your first *Annual Wellness Visit* if you have been enrolled in Medicare for more than 12 months and have not had a *Welcome to Medicare Visit* in the last 12 months.

An official government booklet called *Your Guide to Medicare's Preventive Services* explains in detail all of the preventive services Medicare covers and how often. It is available online via this link: <http://www.medicare.gov/Pubs/pdf/10110.pdf>.

3. What happens during the *Welcome to Medicare Visit*?

During the visit, your doctor will:

- record your medical history
- check your height, weight, and blood pressure
- calculate your body mass index
- give you a simple vision test

Depending on your general health and medical history, further tests may be ordered. You will get advice to help you prevent disease, improve your health, and stay well. You will also get a written plan (like a checklist) letting you know which screenings and other preventive services you need.

4. What should I bring to the *Welcome to Medicare Visit*?

Plan to bring the following items:

- Your medical and immunization records (if you're seeing a new doctor – call your former doctor to get copies of these)
- Your family health history – to help your doctor determine if you're at risk for certain diseases
- A list of prescription and over-the-counter drugs that you currently take, how often you take them, and why

5. What should I know about the *Annual Wellness Visit*?

If you've had Medicare Part B for longer than 12 months, you can get this yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. The visit includes the following:

- Review of medical and family history
- A list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- A screening schedule for appropriate preventive services
- A list of risk factors and treatment options for you

6. What should I bring to the *Annual Wellness Visit*?

Bring the same things listed for the *Welcome to Medicare Visit*.

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Frequently-Asked Questions, continued

7. What is the difference between the *Welcome to Medicare Visit* and the *Annual Wellness Visit*?

Your first *Annual Wellness Visit* has a lot in common with the *Welcome to Medicare Visit*. The main difference is the timing. If you are newly enrolled in Medicare, you are eligible for the one-time *Welcome to Medicare Visit* only within the first year. The *Annual Wellness Visit* can take place every 12 months, and the first visit can be scheduled either 12 months after the *Welcome to Medicare Visit* or after more than 12 months of your enrollment in Medicare.

8. How are the *Welcome to Medicare Visit* and the *Annual Wellness Visit* different from a yearly physical?

An annual physical is a much more extensive examination than the *Welcome to Medicare Visit* or *Annual Wellness Visit*. In addition to collecting a medical history, it may also include a vital signs check, lung exam, head and neck exam, abdominal exam, neurological exam, dermatological exam, and extremities exam.

Clinical laboratory tests **are not** included in either the *Welcome to Medicare Visit* or *Annual Wellness Visit*. If your doctor needs to evaluate and treat a medical problem during one of these wellness visits, he or she would need to charge for this separately, and the cost of the tests would be applied to your deductible or copay.

9. Do I need to have a *Welcome to Medicare Visit* before an *Annual Wellness Visit*?

No.

10. Is there a deductible or copay for the *Welcome to Medicare Visit* or the *Annual Wellness Visit*?

No, there is no deductible or copay for either one.

But keep in mind that either of these visits could cost you some money out of pocket. For example, you may need to have a medical condition evaluated or treated in a way that goes beyond the purpose of a wellness visit. Under Medicare rules, the additional time or treatment would be billed as an office visit, with Medicare paying 80% of the allowed charges and the rest being applied to your deductible or copay.

11. I'm new to Medicare and normally receive a full physical exam from my doctor every year. I'm due for my next physical, and since I'm eligible for a *Welcome to Medicare Visit*, how should I schedule my appointment?

When you call your doctor's office, explain that you want the *Welcome to Medicare Visit*, which Medicare will cover,

in addition to your annual physical. The amount applied to your deductible or copay will be the difference between what Medicare pays for the *Welcome to Medicare Visit* and the full preventive examination fee that your doctor charges for the rest of the physical.

Also, you should be aware that scheduling this appointment with your doctor's office entirely as an annual physical exam will mean that the visit will *not* be covered by Medicare and will be applied directly to your deductible or copay.

12. I'm 80 years old and plan to schedule an *Annual Wellness Visit* with my doctor. Will that include a check up for my hypertension and recent memory loss?

An *Annual Wellness Visit* will include a screening blood pressure check, but your doctor will address the memory loss and your hypertension by ordering tests or prescribing medications during an extended part of the visit. This additional treatment will be billed as an office visit, with Medicare paying 80% of the allowed charges and the rest being applied to your deductible or copay.

13. Will I have out-of-pocket costs for preventive tests such as mammograms or colonoscopies?

Medicare determines which preventive – or screening – tests are covered and when they should take place, and no copay or deductible is required for these.

A *screening test* is given to those who have no symptoms of a condition, such as measuring cholesterol levels in people who have no symptoms of cardiovascular disease. A *diagnostic test* is used to confirm a suspected condition once initial testing has revealed its possibility. Sometimes a screening test becomes diagnostic if potential abnormalities are found and more testing must be performed.

It's a good idea to become familiar with Medicare's rules about screening tests. *Your Guide to Medicare's Preventive Services* explains in detail which are covered and how often. The guide is available online via this link:
<http://www.medicare.gov/Pubs/pdf/10110.pdf>.

14. Does Medicare cover other kinds of doctor exams?

Yes. If you experience physical symptoms or complaints after a *Welcome to Medicare Visit* or an *Annual Wellness Visit*, you can schedule a problem-oriented visit or "sick visit" with your doctor. The fees for the exam and related medical tests will be submitted to Medicare and applied to your deductible and copay.