

Medicare Annual Wellness Visits



Introduction: Preventing Disease and Disability

If you have been enrolled in Medicare Part B for over a year, you are entitled to a yearly “Wellness” visit. These covered visits are designed to help you develop or update a personalized prevention plan which can help prevent disease and disability.

During your visit, your doctor will assess your current health and risk factors. He or she will likely ask questions about your health and ask you to fill out a questionnaire or “Health Risk Assessment.”

By answering these questions honestly and to the best of your ability, your provider can help you develop a personalized prevention plan to keep you fit and healthy.

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WHAT'S COVERED?



Along with assessing your current health and risk factors, your health care provider will also ask you about your medical and family history. Questions may include: Have you had any surgeries? Does anyone in your family have diabetes?

Your provider will also update your current list of health care providers and prescriptions, take your height, weight, blood pressure and other measurements and test you for any cognitive impairment.

Your provider will then give you personalized health advice based on his or her findings.

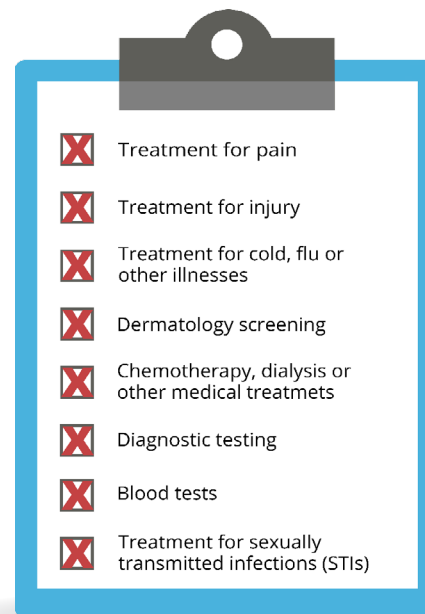
HOW MUCH DOES IT COST?



Your Annual Wellness Visit is covered under Medicare Part B, which means it is *completely* covered as long as you only complete this visit once every 12 months.

However, you may have to pay coinsurance or your Medicare Part B deductible if your doctor or provider performs services that are not covered under the Annual Wellness Visit AND are not part of preventive and screening services.

WHAT'S NOT COVERED?



It's important to note that your Annual Wellness Visit is not like a regular appointment. It is a covered service offered through Medicare, and if your visit goes outside of what Medicare covers, you may have to pay coinsurance or your Medicare Part B deductible.

This means if you ask your provider about any aches, pains, or illnesses and he or she assess them and/or provides you with treatment during your wellness visit, you may be responsible for the associated costs.

PREVENTIVE SERVICES

During your visit, your provider should give you a screening schedule for appropriate preventive services. Here's which preventive services are completely covered by Medicare Part B:



Bone mass measurements (bone density), cardiovascular disease screening, cervical and vaginal cancer screening, colorectal cancer screenings, depression screenings, diabetes screenings, glaucoma tests, hepatitis C screening, HIV screening, lung cancer screening, mammograms, prostate cancer screening



Alcohol misuse screening and counseling, diabetes self management training, nutrition therapy services, obesity screening and counseling, sexually transmitted infections screening and counseling, tobacco use cessation counseling



Flu shots, hepatitis B shots, pneumococcal shots

APPOINTMENT PREPARATION CHECKLIST

Use this appointment preparation checklist to write down everything you need to take with you to your Annual Wellness Visit as well as any questions you have for your provider.



List of current medications