

# WELLNESS WISDOM

## A Guide to Preventive and Screening Services Covered by Medicare

Preventive care can help you stay healthy and find medical problems early. Medicare offers a number of important preventive services — like yearly “Wellness” visits, screenings, and vaccines.

Medicare covers two types of yearly visits:

- 1) **“Welcome to Medicare” preventive visit**
- 2) **Yearly “Wellness” visit**

These preventive visits are NOT head-to-toe physicals, but they are a great opportunity to make sure you are up-to-date on important screenings and vaccines, talk with your healthcare provider about your family and medical history, and make a plan to stay as healthy as possible for as long as possible. These visits are recommended for EVERYONE — whether you already have a chronic condition, or you are hoping to prevent one.

In 2010, the Affordable Care Act added preventive services for all Medicare beneficiaries. Before that, Medicare mainly focused on diagnosis and treatment, with few services aimed at prevention.



### “Welcome to Medicare” Preventive Visit

**Medicare covers a one-time, initial visit called the “Welcome to Medicare” preventive visit.** Everyone who has had Medicare **Part B** (Medical Insurance) for FEWER than 12 months qualifies for this visit, so be sure to schedule an appointment as soon as your coverage starts.

During this visit, your healthcare provider will review your medical, social, and family history; discuss a preventive screening schedule based on your particular health conditions and risk factors; take routine measurements like weight and blood pressure; perform a basic visual acuity screening with an eye chart; and discuss your risk of depression.

At this visit, your healthcare provider is NOT required to screen for cognitive or memory problems, so be sure to start the conversation if you or a loved one have any concerns or have experienced recent changes.

You are also eligible at this visit for a once-in-a-lifetime electrocardiogram (ECG/EKG), so ask your provider if it is recommended for you.



## Yearly “Wellness” Visit

Once you have had Medicare Part B for 12 months, **Medicare covers a yearly visit** to review your health status and history, and to develop or update your personalized prevention plan. At **each visit your provider will:**

<b>Health Risk Assessment</b>	<p>Ask you to fill out a questionnaire in advance of or during your visit. It asks you about your:</p> <ul style="list-style-type: none"> <li>• Health status</li> <li>• Behavioral risks</li> <li>• Psychological and social risks</li> <li>• Ability to perform activities of daily living</li> <li>• Hearing</li> <li>• Risk of falls</li> <li>• Home safety</li> <li>• Health care providers and suppliers</li> <li>• Medications and supplements</li> </ul>
<b>Medical, Family, and Social History</b>	<p>Ask you about your:</p> <ul style="list-style-type: none"> <li>• Previous illnesses, surgeries, hospital stays, allergies, injuries, and treatments</li> <li>• Family history of conditions that may be genetic or raise your risk</li> <li>• History of alcohol, tobacco, opioid, and illicit drug use</li> <li>• Diet and exercise</li> </ul>
<b>Depression or Mood Disorder Risk</b>	Ask you questions or use a screening tool that can help determine if you are at risk of depression or other mood disorders
<b>Routine Measurements</b>	Measure your height, weight, blood pressure, and body mass index
<b>Cognitive Impairment</b>	Ask you questions or use a screening tool — like the <a href="#">Mini-COG</a> — that can help determine if you have memory loss or other cognitive impairment that may need additional follow-up
<b>Personalized Prevention Plan</b>	Create a written schedule with a checklist of recommended preventive screenings based on your health, history, and risk factors
<b>Health Advice, Resources, and Referrals</b>	Make referrals for screenings and other care, and provide you with resources aimed at improving your health and addressing your specific needs
<b>End-of-Life Planning</b>	Offer to give you information about things like planning an <a href="#">advance directive</a>



## Preparing for Your Visits

Bring the following items with you when you go to your “Welcome to Medicare” or yearly “Wellness” visit:

- Medical records, including vaccine records
- A list of prescription drugs, over-the-counter drugs, and supplements that you take regularly
- A list of healthcare providers and suppliers
- Family health history — try to learn as much as you can about your family’s health history before your appointment
- Any other information that can help determine if you are at risk for certain diseases



## How Much Do the Preventive Services Cost?

- Whether you have [Original Medicare](#) or a [Medicare Advantage Plan](#), there is no cost for the one-time “Welcome to Medicare” preventive visit or the yearly “Wellness” visits — when your healthcare provider [accepts assignment](#) — meaning they agree to Medicare’s payments if you have Original Medicare, or they are in-network if you have a Medicare Advantage Plan. This means you won’t have to pay a [deductible](#), [copayment](#), or [coinsurance](#). There must also be at least 12 months between your “Welcome to Medicare” visit and your first Annual Wellness Visit AND between every yearly “Wellness” visit.
- During your preventive visits, your healthcare provider may need to do additional tests/screenings that are subject to [cost sharing](#) — meaning you may get billed for some of the costs. Be sure you discuss them with your healthcare provider in advance and are clear on your costs.
- Generally there is no cost for the preventive screenings listed below. However, when and how often you can get each of these services varies by person and item or service.
- [Medicare Advantage Plans](#) often have additional coverage for things like vision and dental benefits, so you may want to shop around to see if there’s a Medicare Advantage Plan that’s right for you.
- If you need financial help for health care costs, there are a number of [services and organizations](#) that may be able to help.

## Other Preventive Screenings with Medicare

Medicare covers a number of screenings and other important preventive services. Each has its own eligibility requirements and guidelines about how frequently the service is covered.

- [Abdominal Aortic Aneurysm Screening](#)
- [Advance Care Planning \(as an optional part of the yearly “Wellness” visit\)](#)
- [Alcohol Misuse Screening and Counseling](#)
- [Bone Mass Measurements](#)
- [Breast Cancer Screening with Mammography](#) and [Clinical Breast Exam](#)
- [Cardiovascular Disease Screening](#) and [Behavioral Therapy](#)
- [Cervical and Vaginal Cancer Screenings](#)
- [Colorectal Cancer Screening with Colonoscopy](#) and [Sigmoidoscopy](#)
- [Depression Screening](#)
- [Diabetes Screening, Self-Management Training](#), and [Prevention Program](#)
- [Electrocardiogram \(ECG/EKG\)](#)
- [Eye Exams for Diabetes](#)
- [Glaucoma Screening](#)
- [Hearing Exams](#)
- [Hepatitis B Screening](#)
- [Hepatitis C Screening](#)
- [HIV Screening](#)
- [Lung Cancer Screening](#)
- [Macular Degeneration Tests](#)
- [Medical Nutrition Therapy](#)
- [Obesity Behavioral Therapy](#)
- [Prostate Cancer Screenings](#)
- [Sexually Transmitted Infections \(STIs\) Screening and High Intensity Behavioral Counseling for Prevention](#)
- [Smoking and Tobacco Use Cessation Counseling](#)
- Vaccines — [Influenza \(flu\)](#), [Pneumococcal \(pneumonia\)](#), [COVID-19](#), and [Hepatitis B](#) ([Shingles shots are covered by Medicare Part D](#))



Visit [Medicare.gov/coverage](https://www.medicare.gov/coverage) for a complete guide to tests, items, and services that Medicare covers.

## A Closer Look at Vision and Cognitive Screening Services

Medicare covers screenings and treatments with different timing and terms of coverage. During your “yearly” Wellness visit your provider will discuss the timing of different preventive services. For example, this is how the Medicare program addresses eye exams and care, and cognitive screenings:

### Vision Coverage with Medicare



**Original Medicare**\* \*\* **does not cover routine eye exams** — also called eye refractions — for contact lenses or eyeglasses. It also **does not cover the contact lenses or eyeglasses themselves**.

Original Medicare **does** cover a visual acuity screening at the “Welcome to Medicare” preventive visit that uses an eye chart to test your distance vision — it may determine that you need corrective lenses or a follow-up visit with an eye care professional. Medicare also covers **some** of the cost-of-care for eye injuries, surgeries, treatments, and exams for people at high-risk of eye disease. Your **cost-sharing** will vary for each service so discuss with your provider in advance so that you are clear on your costs.

Medicare covers and will pay for some of the cost of:

- Yearly eye exams for people with diabetes
- Yearly glaucoma test for people at high risk for the disease including:
  - People with diabetes
  - People with a family history of glaucoma
  - African Americans ages 50+
  - Hispanics ages 65+
- An eye exam for people having vision problems that may indicate a serious eye condition
- Certain diagnostic tests and treatments for people diagnosed with age-related macular degeneration (AMD)
- Care for eye injuries that require hospitalization
- Cataract surgery (and one-time glasses or contact lenses after surgery)

\* Many **Medicare Advantage Plans** **do** offer additional vision benefits so if you are at risk for or have been diagnosed with eye disease, or want coverage for yearly eye exams, you may want to shop around to see if there’s a plan that’s right for you.

\*\* **Medigap Plans** cover out-of-pocket costs from Original Medicare, such as those associated with Medicare-covered vision services like cataract surgery.

## Cognitive Assessment with Medicare



During your yearly “Wellness” visits (**not** the “Welcome to Medicare” preventive visit,) your provider should screen for cognitive impairment. A screening is a short test of your memory and thinking skills that may include asking you questions and/or giving you writing or drawing tasks. One of the most common screening tools – the [Mini-COG](#) – takes about 10 minutes to complete.

In addition to getting a yearly screening, it is important to talk with your provider if you are concerned about changes in your thinking and memory. He or she can determine whether the changes are normal for your age, or whether they could be related to something else that should be addressed. Brain health can be affected by age-related changes in the brain, injuries such as stroke, mood issues such as depression, and diseases such as Alzheimer’s disease. While some factors affecting brain health cannot be changed, there are many lifestyle changes that might make a difference. If your provider is concerned about dementia, including Alzheimer’s disease, or is unable to identify what is causing the cognitive changes, they will refer you for additional Medicare-covered tests and visits.

# Glossary

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<b>Accept Assignment</b>	An agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and to not bill you for any more than the Medicare <a href="#">deductible</a> and <a href="#">coinsurance</a> . All <a href="#">participating providers</a> accept assignment. Non-participating providers may accept assignment on a case-by-case basis.
<b>Advance Directive</b>	A written document stating how you want medical decisions to be made if you lose the ability to make them for yourself. It may include a living will and a durable power of attorney for healthcare.
<b>Coinsurance</b>	An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurances is usually a percentage (for example, 20%).
<b>Copayment</b>	An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.
<b>Cost Sharing</b>	An amount that you pay out-of-pocket for services — including deductibles, coinsurance, and copayments. It doesn't include <a href="#">premiums</a> , the cost of out-of-network services, or the cost of non-covered services.
<b>Deductible</b>	The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance you may have begins to pay.
<b>Medicare Advantage</b>	<p>A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your <a href="#">Part A</a> and <a href="#">Part B</a> benefits, excluding hospice. Medicare Advantage Plans include:</p> <ul style="list-style-type: none"><li>• Health Maintenance Organizations</li><li>• Preferred Provider Organizations</li><li>• Private Fee-for-Service Plans</li><li>• Special Needs Plans</li><li>• Medicare Medical Savings Accounts Plans</li></ul> <p>If you're enrolled in a Medicare Advantage Plan:</p> <ul style="list-style-type: none"><li>• Most Medicare services are covered through the plan</li><li>• Medicare services aren't paid for by <a href="#">Original Medicare</a></li></ul> <p>Most Medicare Advantage Plans offer prescription drug coverage, and many offer vision and dental.</p>
<b>Medigap Plans</b>	Medicare Supplement Insurance sold by private companies, that helps fill "gaps" in <a href="#">Original Medicare</a> .

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**Original Medicare**

A fee-for-service health plan that has two parts:

- **Part A** (Hospital Insurance)
- **Part B** (Medical Insurance)

After you pay a **deductible**, Medicare pays its share of the Medicare-approved amount, and you pay your share (**coinsurance** and **deductibles**).

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**Part A (Hospital Insurance)**

Coverage for inpatient hospital stays, skilled nursing facility care, hospice care, and some home health care. All **Original Medicare** and **Medicare Advantage Plans** include this coverage (excluding hospice for **Medicare Advantage**).

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**Part B (Medical Insurance)**

Coverage for certain healthcare provider services, outpatient care, medical supplies, and preventive services (like the Annual Wellness Visit). All **Original Medicare** and **Medicare Advantage Plans** include this coverage.

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**Part C**

Also called **Medicare Advantage**

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**Part D (Prescription Drug Insurance)**

Prescription drug coverage that can be added to **Original Medicare** — costs vary from plan to plan.

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**Participating provider**

Healthcare providers that accept Medicare and always **accept assignment** — meaning they will accept Medicare's approved amount for a service as full payment.

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**Premium**

The periodic payment to Medicare, an insurance company, or healthcare plan for health or prescription drug coverage. Medicare premiums vary from plan to plan. Premiums may be paid annually, monthly, or at different intervals.



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