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PREVENTIVE SERVICES COVERAGE UNDER MEDICARE

1. What Are Preventive Services?

Everyone has heard the expression “an ounce of prevention is worth a pound of cure.” Most medical services traditionally covered by Medicare (as well as other public and private health coverage) are provided to treat the symptoms and underlying causes of existing diseases and disabilities.

In recent years, there have been many services adopted and promoted which are designed to *prevent* illnesses, provide early detection of health problems, and, in some cases, assist in managing health conditions. These are known as preventive services, or “Preventives.”

2. What “Part” of Medicare Covers Preventive Services?

They are all covered under Medicare Part B.

3. Do Preventive Services Cost a Lot?

No. Most preventive services covered by Medicare are free, or cost very little. For most, the annual Part B deductible does not apply, nor does, under most circumstances, Part B coinsurance. (*see #9*). (*Note: while this Fact Sheet focuses on Medicare, similar requirements apply to most public and private health insurance*).

4. What Are Some Examples of Covered Preventive Services?

Medicare currently covers more than 25 preventives, addressing a broad range of health concerns. They include:

- Screenings for particular diseases (*e.g.*, breast, colorectal, lung and other types of cancer; diabetes, cardiovascular disease, and glaucoma);
- Vaccinations (*e.g.*, shots for flu, pneumonia, and hepatitis B and C); and
- Counseling and training programs (*e.g.*, diabetes self-management training, and smoking cessation counseling).

Coverage of new preventives is being continually added to Medicare, as well as new *types* of tests or screenings for services already covered. A list of most Medicare-coverable preventives can be found *e.g.*, at www.medicare.gov/coverage/preventive-and-screening-services.html.

5. How Do I Get Preventive Services?

Each preventive has rules --- mostly based on age, gender, and risk factors --- specifying when and for whom coverage is available; they are usually more liberal for individuals at risk for the disease addressed. Some preventives, like tobacco cessation counseling and diabetes self-management training, require the existence of particular health problems.

Moreover, to help promote the use of preventive care, Medicare covers two types of medical exams which, though not full physical exams (that are *not* covered by Medicare), are intended to alert beneficiaries to particular preventives that could benefit them. (*see* #6 and #7).

6. What Is the “Welcome to Medicare” Exam (WM)?

It is an exam coverable only during the first 12 months you have Part B. It includes a review of your medical and social history, some vitals, visual acuity, functional ability, level of home safety, and risk factors for depression; based upon which your practitioner will discuss your health care needs, and can refer you for beneficial care including pertinent preventives.

7. What Is the “Annual Wellness Visit” (AWV)?

It is an exam coverable once every 12 months, starting *after* the first year you have Part B. You needn't have had a WM exam; indeed, the first AWV is similar to the WM exam, but broader and specifically defined as providing “personalized preventive plan services.” It includes establishment of a written schedule of preventive screenings for you over the next 5-10 years. Subsequent AWVs should update your medical and family history, preventive screenings schedule, and risk factors and conditions for which medical intervention is recommended.

8. Do You Have to Have a WM or AWV Exam To Get Preventive Services?

No. Although the WM and AWVs will help identify and promote your use of preventives most pertinent to you, you are not required to have had them to qualify for any particular preventive.

9. How Can You Assure That You Are Not Charged for Preventive Services?

When scheduling any preventive services, be sure to clarify that obtaining the service is the sole purpose of your visit, since any other services provided to you during the visit could incur cost-sharing. Also, try to use physicians and other providers who accept Medicare “assignment.”

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