

## Is this preventive service covered at 100% by Medicare?

Preventive care is the care you receive to prevent illness, detect medical conditions, and keep you healthy. Medicare Part B covers many preventive services with no cost-sharing, as long as you meet the eligibility requirements and follow the guidelines below.



**Is it one of the services that Original Medicare covers at 100% of the Medicare-approved amount?** Preventive services recommended by the U.S. Preventive Services task force are covered with zero cost-sharing, so you will not owe any deductible or coinsurance when you receive them. You can find a list of those services on Medicare.gov's page on [Preventive & Screening Services](#).



**Do you meet the coverage criteria?** For many of the covered preventive services, you have to meet certain criteria based on your age, gender, or certain risk factors. Your health care provider should be able to tell if you qualify.



**Are you seeing the right kind of provider?**

**Original Medicare:** To get preventive services with no cost-sharing, you should see a provider that accepts assignment, also known as a Medicare-participating provider. Many providers accept assignment, but you should ask your provider in advance if they accept assignment. If you see a non-participating or opt-out provider, you may be responsible for part or all of the cost of your service.

**Medicare Advantage:** It is usually best to receive services from an in-network provider. Contact your provider to learn if they are in-network for your plan, or contact the plan to learn which providers are in-network. If you go out-of-network, you might be responsible for part or all of the cost of your preventive service.



Even if a preventive service is covered with no cost-sharing, you might be responsible for other costs. For example, you may have to pay a facility fee depending on where you get the service, and you may be charged for a doctor's visit if you meet with a physician before or after the service.

## What will happen during my Annual Wellness Visit?

The Annual Wellness Visit (AWV) is a yearly appointment with your primary care provider to create or update a personalized prevention plan. Medicare Part B covers the AWV if you have had Part B for over 12 months and you have not received an AWV or your Welcome to Medicare Visit in the last 12 months. At your Annual Wellness Visit, your doctor may:

- ✓ Check your height, weight, blood pressure, and other routine measurements
- ✓ Give you a health risk assessment, which might include a questionnaire that you complete before or during the visit.
- ✓ Review your functional ability and level of safety
- ✓ Learn about your medical and family history
- ✓ Make a list of your current providers, durable medical equipment (DME) suppliers, and medications
- ✓ Create a 5-10 year screening schedule or check-list
- ✓ Identify risk factors and current medical and mental health conditions along with related current or recommended treatments
- ✓ Screen for cognitive impairment, including diseases such as Alzheimer's and other forms of dementia
- ✓ Screen for depression
- ✓ Provide health advice and referrals to health education and/or preventive counseling services aimed at reducing risk factors and promoting wellness
  
- ✗ The Annual Wellness Visit is not a head-to-toe physical.
- ✗ Medicare Part B covers the Annual Wellness Visit with no cost-sharing, but depending on your visit, you may be responsible for paying a facility fee and/ or cost-sharing on any diagnostic services you receive.