



Medicare Annual Wellness Visit

<p>What is a Medicare Annual Wellness Visit?</p>	<p>This visit is for patients with Medicare Part B only and can be done as an independent visit, or as part of another care visit. It includes a review of your medical history and counseling about preventive services. The visit does not include a physical exam, medication changes/refills, lab testing or immunizations.</p>
<p>Why do I need a Medicare Wellness Visit?</p>	<p>This visit is an opportunity to discuss important parts of your medical history and other needs that are not always covered during a routine office visit or annual exam like:</p> <ul style="list-style-type: none"> • Safety or social needs • Behavioral/Mental health concerns • Preventative health screenings • Community resources
<p>What should I expect at this visit?</p>	<p>Annual Wellness Visits are designed to develop a personalized plan to prevent disease and disability and may include:</p> <ul style="list-style-type: none"> • Review of your medical and family history • Updating a list of current providers and prescriptions • Height, weight and blood pressure measurements • Detection of any memory impairment • Personalized health advice • A list of risk factors and treatment options for you • A screening schedule for appropriate preventive care • An open-ended discussion about creating advanced directives
<p>When should I schedule this visit?</p>	<p>Some Medicare Advantage Plans have different rules pertaining to when you are eligible for your Annual Wellness Visit. To prevent any unexpected charges, keep consistent with 365 days +1. For example, if you complete your Annual Wellness Visit on December 1, 2023 you are eligible for your Annual Wellness Visit on December 2, 2024.</p> <p>Medicare Advantage Plan benefits may vary. Please check your plan for details.</p>
<p>How much time should I plan to spend at the office for my visit?*</p>	<p>45 minutes</p>
<p>What should I bring to the Medicare Annual Wellness Visit?</p>	<p>Plan to bring the following items:</p> <ul style="list-style-type: none"> • Your insurance cards and ID. • Your medical and immunization records (if you're seeing a new doctor – call your former provider to get copies of these). • Your family health history – to help your provider determine if you're at risk for certain diseases. • Your completed Health Risk Assessment, a complete list of your medications (including vitamins and over-the-counter drugs) and all your medication bottles for the provider to review. • You should also bring a list of your top two to three concerns or questions for the provider. If you have concerns about your memory or a chronic health condition (such as diabetes, heart disease or depression), you might consider bringing a family member or friend with you to the appointment.

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What is the difference between the Medicare Annual Wellness Visit and the Welcome to Medicare Visit?	Your first Welcome to Medicare Visit has a lot in common with the Medicare Annual Wellness 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 Medicare 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.
How are the Medicare Annual Wellness Visit and Welcome to Medicare Visit different from a yearly physical?	The Medicare Annual Wellness Visit and Welcome to Medicare Visit both include measurement of height, weight, body mass index, blood pressure, visual acuity screen and any other exams deemed appropriate by your provider. They do not include a complete physical exam. The Medicare Annual Wellness Visit and Welcome to Medicare Visit do include development of a personalized care plan that may not occur during an annual physical.
Are Labs included?	Clinical laboratory tests are not included in either the Welcome to Medicare Visit, Annual Wellness Visit or annual physical. If your provider needs to evaluate and treat a medical problem during one of these wellness visits, it will be charged separately. The cost of the tests would be applied to your deductible or copay.
Do I need to have a Welcome to Medicare Visit before before a Medicare Annual Wellness Visit?	No.
Will I have out-of-pocket costs for preventive tests such as mammograms or colonoscopies?	Medicare determines which preventive tests or screenings are covered and when they should take place- 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. https://www.medicare.gov/coverage/yearly-wellness-visits
Does Medicare pay for a routine yearly physical?	No, Medicare does not pay for routine preventive physical examinations. Some Advantage plans may pay for an annual physical. Please check your insurance coverage.
How much will the visit cost?*	Visits are covered 100% by Medicare Part B

* This timeframe is the average amount of time most patients spend with the Medical Assistant and Provider, complete any ordered testing in the office (e.g. lab, x-ray, EKG, spirometry, etc.) and check-out to schedule future visits. Patients should allow 10-15 minutes of additional time prior to their visit for check-in and required paperwork

** Patients should refer to their health insurance plan benefits and our payment policies for additional information. A copy of our payment policies is available at our office or online at <https://uofmhealthwest.org/patients-visitors/pay-a-bill/policies-and-financial-assistance/>. The out-of-pocket cost range listed is determined by the provider and covers only the face-to-face visit with the provider. Additional costs include any testing in the office (e.g. lab, xray, EKG, spirometry, etc.), immunizations/ injections and/or surgical procedure.