

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 checklist
- ✓ 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.

What if I am billed for my preventive care?

You should carefully review your Medicare Summary Notices (MSNs) and/or Explanation of Benefits (EOBs) for any suspicious charges. If you think you were charged for a preventive service and should not have been, contact your health care provider first. Some providers are not familiar with the full list of Medicare-covered preventive services, and they may have made a simple mistake that can be corrected. Claims summaries and medical bills can be confusing, so it is usually a good idea to ask your provider questions before reporting activity as fraudulent.



Why am I being charged for this service?

Was there an error made?

You may be charged additional fees for certain services related to preventive care. For example:



You may have costs for part of a preventive care visit if your doctor makes a diagnosis during the visit or conducts additional tests or procedures. Doctors do diagnostic tests and procedures when patients have distinct symptoms or a condition or history of that condition. For example, if your doctor finds and removes a polyp during a colonoscopy, the colonoscopy is diagnostic care and costs will apply.



You may owe a facility fee depending on where you receive your preventive care service. For example, certain hospitals will often charge separate facility fees when you are receiving a preventive service.



If you still believe you are experiencing potential abuse, fraud, or being charged for a service you never received, you can contact your local **Senior Medicare Patrol (SMP)**. SMPs are trained to help you prevent, detect, and report health care fraud, errors, and abuse.



SHIP
State Health Insurance
Assistance Program
Navigating Medicare



Who do I contact with Medicare questions?

Your doctor or other health care provider: If you would like to schedule preventive service, contact your doctor or health care provider. Additionally, reach out to your doctor or health care provider first if you believe you were inappropriately charged for a preventive service.

State Health Insurance Assistance Program (SHIP): Contact your SHIP if you would like to learn more about how Medicare covers preventive services or if you are confused about why a provider is charging you for preventive care. SHIP counselors are certified and trained to provide individualized, unbiased Medicare information.

Senior Medicare Patrol (SMP): Contact your SMP if you believe a provider is fraudulently billing you for preventive services. SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse.

Medicare: Contact Medicare if you have questions about which preventive services Medicare covers, what eligibility criteria have to be met for certain services, and how to find a Medicare-participating provider. You can call Medicare at 1-800-MEDICARE (800-633-4227) or find information at www.Medicare.gov. (If you have a Medicare Advantage Plan, contact your plan to learn about their in-network providers.)

Local SHIP contact information	Local SMP contact information
Toll-free phone number: 877-839-2675 (To connect with your SHIP, say “Medicare”)	Toll-free phone number: 877-808-2468 (To connect with your SMP, say “Medicare Fraud”)
Online SHIP Locator: www.shiphelp.org Click: 	Online SMP Locator: www.smpresource.org Click: 
SHIP National Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiphelp.org SMP National Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2021 Medicare Rights Center www.medicareinteractive.org <i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center. This document was supported, in part, by grant numbers 90SATC0002 and 90MPRC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.</i>	