

Medicare Coverage of Preventive Services

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Health Insurance Counseling and Advocacy Program (HICAP)

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Health Insurance Counseling and Advocacy Program (HICAP)



HICAP is part of the national **SHIP** network and is the most dependable source of unbiased and accurate Medicare related information. In addition to providing counseling, HICAP also assists beneficiaries with Medicare plan comparisons and educate them so that they can make informed decisions before they enroll in a plan.

About Us



Agenda

What will we discuss today?

- What is Preventive Care
- Preventive Vs Diagnostic
- What preventive services are covered
- Know the type of providers you should see
- Prepare for your Annual Wellness Visit
- Questions

What is Preventive Care?

- Prevent Illness
- Detect medical conditions
- Helps keep you healthy



More than 61 million Medicare beneficiaries can obtain critical preventive services without cost-sharing due to the ACA.

Examples of Medicare-Covered Preventive Care:



Medicare.gov

- Annual Wellness Visits
- Flu, COVID-19, Hepatitis B, and pneumonia vaccines
- Diabetes screenings
- Depression screenings
- Mammograms
- Colorectal cancer screenings
- Bone mass measurements
- Pap smears and pelvic exams

Preventive Vs. Diagnostic

Preventive care is different from diagnostic care...

- Diagnoses problems
- Treats symptoms or conditions
- Follows up on abnormal test results



A service is considered **diagnostic** if it addresses symptoms or conditions that you already have

Preventive Vs. Diagnostic: Why does this matter?

- The classification of services as preventive vs. diagnostic affects your out-of-pocket costs
- You typically owe a copay, coinsurance, and/or deductible for diagnostic services
- Preventive care is usually at no cost
- Note that you could be charged for diagnostic care during a preventive visit, if your doctor finds any problems in the course of the preventive service.



Scenario

You receive a colonoscopy every two years because of your family history. This past colonoscopy, your doctor finds multiple polyps and removes them.

★ Is this service preventive, diagnostic, or both?

*You can submit your answer in the chat or think about the answer in your head

Answer

Both!

The regularly scheduled colonoscopy is **preventive**, as you don't have any symptoms of colon cancer. The removal of polyps is **diagnostic**, as it is treating a problem that the doctor discovered you already had during the colonoscopy

Scenario

You receive your annual flu shot

*You can submit your answer in the chat or think about the answer in your head

Preventive

This is meant to prevent you from getting very sick with the flu. It is not meant to treat flu symptoms.



Know how Medicare covers Preventive Services

What preventive services are covered at 100%?

1. Original Medicare covers all preventive screenings recommended by the U.S Preventive Services task force, with zero cost-sharing. You can find a full list at Medicare.gov's page on [Preventive & Screening Services](#).
2. For many of the covered services, you must meet certain criteria based on your age, gender, or risk factors.
3. Finally, to receive these preventive services at no cost to you, you also must see the right kind of provider.



What preventive services are covered at 100%?

Services Original Medicare covers without a deductible or coinsurance

Abdominal aortic aneurysm (AAA)	Once in a lifetime ultrasound screening if you are at risk for AAA and receive a referral from your provider.
Alcohol misuse screening and counseling	An annual screening, and up to four brief counseling sessions every year if your provider determines that you are misusing alcohol. You do not need to show signs or symptoms of alcohol abuse to qualify for screening.
Annual Wellness Visit (AWV)	An annual appointment with your primary care provider (PCP) to create or update a personalized prevention plan. This plan may help prevent illness based on your current health and risk factors. Not a head-to-toe physical. You cannot receive your AWV within the same year as your Welcome to Medicare preventive visit.
Breast cancer screenings	An annual mammogram screening for women age 40+ and one baseline mammogram for women age 35-39. A breast examination once every 24 months for all women. You may be eligible for an exam every 12 months if Medicare considers you at risk.

What preventive services are covered at 100%?

Services Original Medicare covers without a deductible or coinsurance

Cervical cancer screenings	A pap smear and pelvic examination once every 24 months for all women. You may be eligible for an exam every 12 months if Medicare considers you at risk.
Colorectal cancer screenings	Fecal occult blood test: once every 12 months if you are age 50+
	Colonoscopy: once every 24 months if Medicare considers you at high risk
	Flexible sigmoidoscopy: once every 48 months if you are age 50+ and Medicare considers you at high risk
Depression screenings	An annual screening in a primary care setting. You do not need to show signs or symptoms of depression to qualify for screening.
Diabetes screening	An annual screening, including a fasting blood glucose test and/or a post-glucose challenge test , if Medicare considers you at risk.
HIV screening	An annual screening for anyone age 15-65, or younger than 15 or older than 65, and at an increased risk.

What preventive services are covered at 100%?

Services Original Medicare covers without a deductible or coinsurance

Heart disease screening	Blood tests for heart disease once every five years, when ordered by your provider. An annual cardiovascular disease risk reduction visit with your PCP.
Hepatitis C screening	One screening if your PCP orders the test for you: • Were born between 1945 and 1965 • Had a blood transfusion before 1992 • Or, are considered high risk due to current or past history using federally prohibited, injectable substances If Medicare considers you at high risk, you also qualify for yearly screenings following the initial screening.
Lung cancer screening	An annual screening and Low-Dose Computed Tomography (LDCT, also called low-dose CT) chest scan.

What preventive services are covered at 100%?

Services Original Medicare covers without a deductible or coinsurance

Medical nutritional therapy (MNT)	Three hours of therapy for the first year and two hours every subsequent year if you get a referral from your PCP, see a registered dietitian or other qualified nutrition specialist, and have one of the following conditions: • Diabetes • Chronic renal disease • Or, have had a kidney transplant in the past three years.
Behavioral counseling	Body mass index (BMI) screenings and behavioral counseling to help you lose weight if you are obese. You are obese if you have a BMI of 30 or higher.
Bone mass measurements	Measurement once every 24 months if you are at risk for osteoporosis. Medicare will also cover follow-up measurements and/or more frequent screening if your doctor prescribes them.
Prostate cancer screenings	An annual screening for all men age 50+. The screening includes a digital rectal exam (DRE) and a prostate-specific antigen (PSA) test .

What preventive services are covered at 100%?

Services Original Medicare covers without a deductible or coinsurance

Sexually transmitted infection (STI) screenings	Screenings tests for chlamydia, gonorrhea, syphilis, and/or hepatitis B if you are at high or increased risk of contracting an STI or pregnant. Screenings are covered annually if you receive a referral from your PCP or at certain times during pregnancy.
Smoking cessation counseling	Two smoking cessation counseling attempts each year if you use tobacco. Each counseling attempt includes up to four face-to-face sessions with your provider, for a total of up to eight sessions.
Welcome to Medicare visit	One-time appointment you can choose to receive when you are new to Medicare. The aim of the visit is to promote general health and help prevent diseases. Note that you must receive this visit within the first 12 months of your Part B enrollment.

What preventive services are covered at 80%

Services Original Medicare covers with a deductible or coinsurance

Original Medicare covers the following services at 80% of the Medicare-approved amount. If you receive the service from a participating provider, you pay a 20% coinsurance after you meet your Part B deductible.

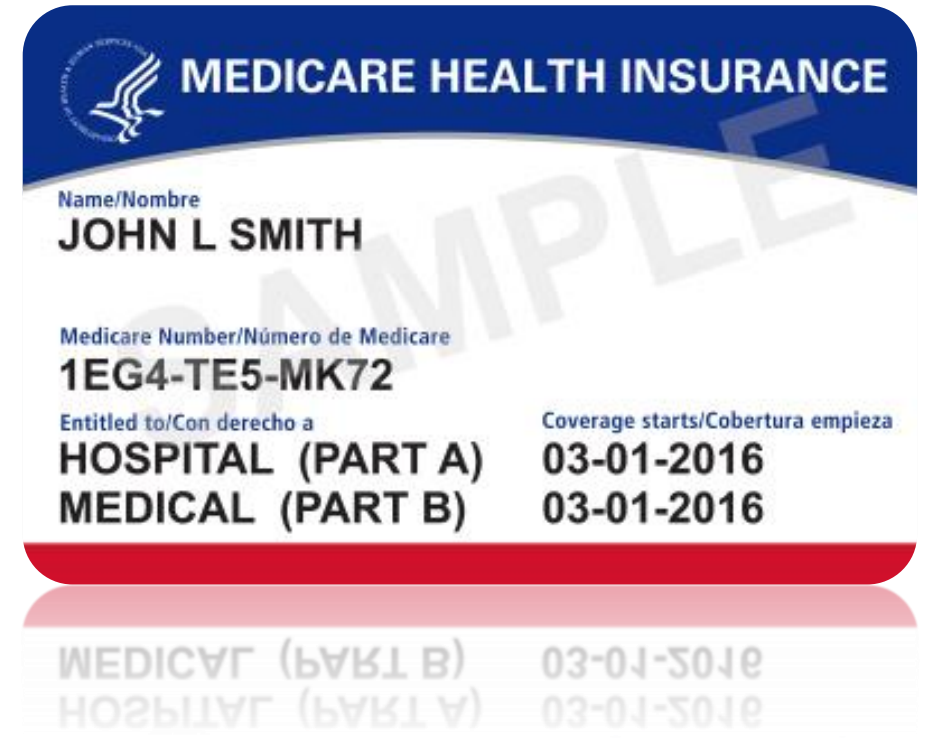
Colorectal cancer screenings	Barium enema: Once every 24 months if you are age 50+ and Medicare considers you at high risk.
Diabetes self-management training	Up to 10 hours during the first year you receive training. After your first year, Medicare covers up to two hours of additional training annually.
Glaucoma screenings	An annual screening if Medicare considers you at high risk. The screening must be performed or supervised by an eye doctor who is licensed to provide this service in your state.

Vaccines Covered at 100%

Vaccines covered by Medicare:		
Hepatitis B	Pneumonia	Tdap
Influenza	COVID-19	Shingles
Some of these vaccines are covered by Part B and others may be covered by your Part D prescription drug plan.		

If you have Original Medicare:

- You should see a provider who accepts assignment.
 - They are also known as Medicare-participating providers
 - This means they accept what Medicare pays them as payment in full
- Many providers do accept assignment, but you should ask to ensure you will have fewer costs.
- If you see a non-participating or opt-out provider, you may be responsible for part or all the cost of your service.



If you have a Medicare Advantage Plan (Part C):

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

✚ Your Medicare Advantage Plan (HMO)

Health Plan (80840): **911-87726-04**
Member ID: 999999999-99 Group Number: 99999

Member: **SUBSCRIBER BROWN** Payer ID: 87726 GROUP NAME

MedicareRx
Prescription Drug Coverage

RxBIN: 610097
RxPCN: 9999
RxGrp: COS

Copay: PCP \$XX Spec \$XX ER \$XX
H9999 PBP# 999 UnitedHealthcare Group Medicare Advantage (PPO)
Plan pays up to Medicare Limiting Charges.



THE BENEFITS OF AN ANNUAL WELLNESS VISIT



The Annual Wellness Visit (AWV) is:

- A yearly appointment with your primary care provider (PCP)
- To create or update a personalized prevention plan
- Review medical history, perform routine screenings, discuss lifestyle changes.
- Covered by Medicare Part B if you had Part B for over 12 months and you have not received an AWV or your Welcome to Medicare visits in the last 12 months.



What to Expect: Medicare Annual Wellness Visit

- A health risk assessment to help create a personalized prevention plan to keep you healthy
- Review of your medical and family history
- Height, weight, blood pressure check
- Development of a health screening schedule/checklist
- Advance care planning
- Review of your medications and other health care providers
- Screening for cognitive impairment, like dementia



Important to Note:

- The AWW is NOT a head-to-toe physical
- This service is similar to but separate from the one-time “Welcome to Medicare” preventive visit
- Medicare Part B covers the AWW 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
- If you think you were improperly charged for a preventive service, contact your health care provider first. If you are unable to resolve the problem by contacting your health care provider you can contact your local HICAP, and a HICAP Counselor will help you.

Red Flags on an MSN

Help prevent Medicare fraud by checking these things

Anita Doe

THIS IS NOT A BILL | Page 4 of 5

November 28, 2019

Leo Zygelman, CH, (555) 555-123

200 West Center St, Manchester CT 06040-0000

Is this a provider you know?

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Medicare Paid You	Maximum You May Be Billed	See Notes Below
Chiropractic manipulative treatment, 3 to 4 spinal regions (98941-GA)	NO	\$40.00	\$0.00	\$0.00	\$40.00	D
Total for Claim #02-11040-307-640			\$0.00	\$0.00	\$40.00	E

Did you receive services on this day?

December 25, 2019

Joshua Richards, M.D., (555) 555-1234

848 Scioto St, Urbana, OH 43078-2255

If you live in CT, did you really receive services in OH?

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Medicare Paid You	Maximum You May Be Billed	See Notes Below
Established patient office or other outpatient visit (98213-GA)				00	\$0.00	F,G
Total for Claim #02-11040-517-100				00	\$0.00	E

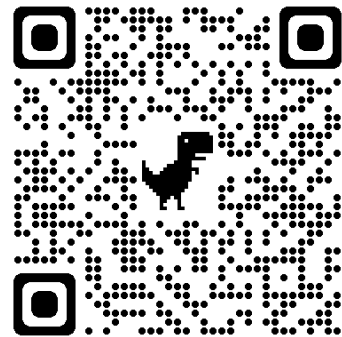
Do any services appear twice when they shouldn't?

Take Action!

1. Contact your doctor if you would like to schedule an Annual Wellness Visit
2. Keep a calendar of the dates you receive preventive care and plan ahead for when you should have your next screenings or visits
3. Call HICAP AT **1-800-434-0222** to learn more about Preventive services, to obtain help with improper billing, or to report Medicare fraud.



Please take a
moment to fill out
our survey



Thank You

KERN COUNTY HICAP

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661.868.1000

Kern County HICAP