



Preventive Care: When “Medically Useful” Doesn't Always Mean “Covered”

Preventing disease is usually easier and less expensive than treating it after it develops, and Medicare covers a substantial range of preventive services. These include numerous screenings, counseling services and vaccines.

The confusing part is that **preventive care** in ordinary conversation isn't always identical to a **Medicare-covered preventive service**.

The Medicare Wellness Visit Isn't a Routine Physical

Medicare Part B covers a "Welcome to Medicare" preventive visit during the first 12 months you have Part B. After you've had Part B for more than 12 months, Medicare covers an annual Wellness Visit to develop or update a personalized prevention plan.

An annual Wellness Visit is **not the same thing as a traditional comprehensive physical examination**. Understanding that distinction can prevent the assumption that anything performed during a yearly checkup will automatically be covered without charge.

Many Screenings and Vaccines Are Covered

Medicare covers numerous preventive services when eligibility and frequency requirements are satisfied. Depending upon your age, sex, medical history and risk factors, these can include screenings for certain cancers, cardiovascular disease, diabetes and other conditions. Medicare also covers specified vaccines.

Many qualifying preventive services have no deductible or coinsurance when the provider accepts Medicare assignment. But coverage rules can specify how frequently a test is covered and which patients qualify.

A Preventive Visit Can Turn Into a Billable Visit

Suppose you arrive for a covered Wellness Visit and also ask the doctor to evaluate a new medical problem. The preventive portion may be covered without cost-sharing, while the additional diagnostic evaluation can be billed separately and become subject to normal Part B cost-sharing.

The same problem can arise when a test goes beyond Medicare's preventive coverage rules. Something your doctor believes would be useful isn't automatically something Medicare is required to pay for.

Ask Before the Service When You Can

For planned care, particularly an unusual screening or test, ask the provider whether the **specific service and diagnosis** meet Medicare's coverage requirements and whether you should expect a deductible or coinsurance.

Insurance coverage ultimately follows coverage rules, not simply the fact that you and your doctor agree a service would be worthwhile. That's an irritating distinction sometimes—but a financially important one.