

Physicians should make use of 'Welcome to Medicare' visit

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As physicians who see Medicare-covered persons will recall, until recently, Medicare did not reimburse preventive screenings. But in 2003, the Medicare Modernization Act expanded preventive services benefits by covering an initial physical examination when a patient enrolls in Medicare Part B, as well as other preventive screenings.

The "Welcome to Medicare" visit, as the initial physical exam is called, provides the opportunity for patients to obtain any needed screenings and immunizations, and allows an opportunity to discuss their medical history and other risk factors. Patients can take advantage of the exam only during their first 6 months in Medicare, so it is important to talk to patients about the exam before they turn 65, and to encourage them to schedule it as soon as they become eligible. If it generally takes longer than 6 months in a particular practice for a patient to obtain an appointment for a physical exam, the practice should consider expediting such appointments in order to accommodate this 6-month window.

If a patient has been seeing a physician regularly prior to becoming Medicare-eligible, the Welcome to Medicare visit may seem unnecessary. However, it does offer an opportunity

to take stock of the patient's health at a time when health problems frequently are accelerating. If a patient is new to a practice, the Welcome visit reimburses the physician for taking a comprehensive look at the patient's health and history.

The "Welcome to Medicare" visit includes 7 components:

1. A review of an individual's medical and social history with attention to modifiable risk factors.
2. A review of an individual's risk factors for depression.
3. A review of an individual's functional ability and level of safety.
4. An examination to include an individual's height, weight, blood pressure measurement, and visual acuity.
5. Performance and interpretation of an electrocardiogram.
6. Education, counseling, and referral based on the results of the review and evaluation services described in the previous 5 components.
7. Education, counseling, and referral, including a brief written plan such as a checklist for obtaining appropriate screening and/or other Medicare Part B preventive services.

As of January 1, 2007, Medicare will pay for a 1-time ultrasound screening for abdominal aortic aneurysm for beneficiaries who are at risk, if the referral for screening comes as a result of the Welcome visit.

The reimbursement for this benefit does not include any clinical laboratory tests. The physician, qualified

nonphysician practitioner, or hospital may also provide and bill separately for the screening and other preventive services that are currently covered and paid for by Medicare Part B.

Note that the beneficiary pays 20% of the Medicare-approved amount after meeting the yearly Part B deductible. Since the Welcome visit may be the beneficiary's first Medicare-covered service, the beneficiary may meet the entire Part B deductible at this visit.

In addition to the visit, a number of other preventive screenings now are covered by Medicare, including:

- Cardiovascular screenings once every 5 years.
- Diabetes screenings once every 6-12 months for those at risk, including patients with high blood pressure, high cholesterol, obesity, or history of high blood sugar.
- Cancer screenings including mammograms, screenings for cervical and vaginal cancers, prostate screenings and colorectal screenings.
- Bone mass measurements and glaucoma tests.

Furthermore, flu and pneumococcal vaccinations are covered, as is Hepatitis B immunization for patients at medium or higher risk.

Information about Medicare-covered preventive services is available at www.metastar.com, at www.cms.hhs.gov/welcometomedicareexam, and at www.medicare.gov/Health/Overview.asp. Tools and educational materials are available to support physicians in preparing beneficiaries for these visits and in delivering these benefits.

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