

Frequently Asked Questions (FAQs) about preventive exam billing and coverage

What is a preventive exam?

A preventive exam is a visit that will provide a complete set of preventive services, counseling, education and disease screening for average-risk adults.

Preventive services or screenings may uncover diseases that have no signs or symptoms. A preventive exam typically includes a complete medical history, a medication and allergy review, an exam, a discussion of breast and colorectal cancer screening, an immunization review, high blood pressure screening, tobacco and alcohol use screening and cholesterol screening.

Are preventive services covered by health insurance?

Coverage for preventive services is different with every insurance company. The only way to know for sure is to call the number on the back of your insurance card to inquire.

Medicare typically does not cover a preventive exam, although, some Medicare supplements may cover this type of exam. Please check with your individual plan. There is a one-time exam called a “Welcome to Medicare” physical which is covered by Medicare, with a deductible. This exam needs to be completed within twelve months of Medicare enrollment. If you wish to schedule a “Welcome to Medicare” exam, please let the receptionist know when scheduling your appointment because it is different than a standard preventive exam. Medicare typically covers follow-up visits of chronic disease management and may pay for certain cancer screening tests, as well as screening blood tests.

What is a “Welcome to Medicare” exam?

The “Welcome to Medicare” exam is a comprehensive exam consisting of the following 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 potential risk factors for depression
3. A review of the individual’s functional ability and level of safety
4. A physical examination to include an individual’s height, weight, blood pressure, visual acuity and measurement of body mass index (BMI)
5. End-of-life planning
6. Education, counseling and referral based on the results of the review and evaluation services described in the previous five components
7. Education, counseling and referral, including a brief written plan such as a checklist for obtaining the appropriate screening and/or other Medicare Part B preventive services

During my preventive exam, what if my doctor recommends services not covered by my insurance?

Our providers will recommend the services they feel you need based on your medical history and needs, regardless of insurance coverage. Every insurance company covers medical services differently making it difficult for a provider to know what services are covered by your particular plan. For coverage information, please inquire directly with your plan. If a test or service is ordered that is typically not covered by insurance, you may be asked to sign an advance beneficiary notice (ABN) or insurance waiver. By reading and signing this form, you agree to pay for the service if your insurance company denies coverage.

What if I have other issues that I want to discuss during my preventive exam?

Your St. Cloud Medical Group providers want to fully understand your medical issues. You are encouraged to discuss problems and concerns with your providers. When these discussions lead to additional medical services being performed, an additional charge or co-pay may be incurred.

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