

UTICA PARK CLINIC

Medicare Part B Preventative Services

Dear Patient, The **Welcome to Medicare Initial Preventative Exam** as well as the **Annual Wellness Exam** are not "routine physicals". Coverage for these exams and tests are provided as a Part D Medicare benefit. The annual Part B deductible is waived. The coinsurance or copay may still apply. *Please be aware that if you wish to address acute issues that are not part of a routine wellness exam, you may also be billed for a "sick visit" which will be associated with your regular copay and may apply to your annual part B deductible.*

Services	Welcome to Medicare -Initial Preventative Physical exam	Initial Medicare Annual Wellness visit	Medicare Annual Wellness Visit AWW
When is the exam covered?	One time in the first 12 month that you are eligible for Medicare part B	For patient that did not has a "Welcome to Medicare" exam in the first year of Medicare Part B	12 months after the Welcome to Medicare exam or your Initial Annual Medicare exam
Diagnosis code	G 0402	G 0438	G0439
Medical History	Comprehensive past medical, social and family history as well as a medication update		
Physical exam	B/P, height, weight, BMI, vision screen and examination		

PATIENT RESPONSIBILITY (SEE ATTACHED FORMS)

Depression screen	If you are concerned about depression please fill out the questionnaire before your examination
Home-fall safety evaluation	If you are concerned about falling, please fill out the home- fall safety questionnaire before your examination
Hearing screen	If you are concerned about hearing loss, please fill out the questionnaire before your office examination
Dementia screen	You may request a mini mental status exam "memory test" if you are concerned about memory loss
Living Will/Advanced Directives	You may request a copy of an Advance Directive or Living Will during your visit

5-10 YEAR HEALTH GUIDANCE

Preventative Services (5-10 year health plan)	Date of your last test/service /counseling	Date when is it due?	Your cost
Abdominal aneurysm screen* (Once in a lifetime)G0389		Not covered if done once already after 65.	No Medicare co-pay
Bone Density Measure* (Every 2 years)			No Medicare co-pay
Cardiovascular screening (cholesterol profile every 5 years)			No cost
Colon cancer screening (Based on the specific test)			No Medicare co-pay
Diabetes Screening* (up to 2 fasting blood sugar a year) High risk patients			No cost
Diabetes self management training			You pay 20% of Medicare allowed amount

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Flu vaccine		Annually fall/winter	No cost
Pneumococcal vaccine*		Once after 65 unless "High risk" (Immunocompromised)	No cost
Glaucoma Testing* yearly in high risk patients			No co-pay
Mammogram (Every 12 months)			No co-pay
Pap test and pelvic exam (Every 24 month unless high risk) pap Q0091, pelvic G0101			No cost
Prostate cancer screen (exam and PSA blood test) G0102 Must be 50 year old			No cost
Smoking cessation counseling (up to 8 face-to-face visits for tobacco cessation in one year)		One time benefit	No cost
Medical nutrition therapy services * (diabetes or chronic kidney disease)		Annually _____	No cost
HIV screening*			There may be additional charges for HIV testing
Hepatitis B shot*			No cost
Screening ECG (electrocardiogram)		Optional: one time only with your Welcome to Medicare exam	No cost

***HIGH RISK DEFINITIONS:**

AAA screen: Must have a Family history of AAA or smoked >100 cigarettes in lifetime

Bone Density study: Requires diagnosis of estrogen deficiency or osteoporosis

Glaucoma screen: You're at high risk if you have diabetes, a family history of glaucoma, are African-American and 50 or older, or are Hispanic and 65 or older.

Hepatitis B vaccine: hemophilia, on dialysis, or certain conditions that increase your risk for infection. if you live with someone who has Hepatitis B or if you are a healthcare worker and have frequent contact with blood or body fluids,

HIV: People with Medicare of any age who ask for the test, pregnant women, and people at increased risk for the infection.

Medical Nutritional therapy: diabetes or kidney disease, or you had a kidney transplant in the last 3 years

Annual Pap: childbearing age and had cervical or vaginal cancer in the past 3 years or are considered high risk for developing cervical or vaginal cancer

Diabetes screen: Obese, high blood pressure, high cholesterol, family history of diabetes, history of gestational diabetes

Pneumovax: High risk includes Immunosuppressed, HIV, heme malignancies, s/p transplant, nephrotic syndrome, on immunosuppressive drugs