



Federal regulations make it so we can only address certain topics during this visit. What does that mean?

Medicare separates care into two types:

Preventive Care

Fully covered under Annual Wellness Visit

- ✓ Focuses on keeping you healthy
- ✓ Identified risks before they become serious problems
- ✓ Includes screenings, counseling, and planning

Problem-Based Visits

May involve cost-sharing

- ✓ Address specific symptoms or medical conditions
- ✓ Involve diagnosis, treatment, or medication changes
- ✓ May involve cost-sharing, meaning you might get a bill

These elements are defined by the **Centers for Medicare & Medicaid Services (CMS)** and must be documented to meet billing and compliance standards. When we discuss new or ongoing medical conditions outside of preventive criteria, **CMS requires us to bill separately as a problem based visit.**

I have a new or ongoing symptom, should I bring it up today?

The Annual Wellness Visit is *federally defined* as preventive. It **does not** include evaluation or treatment of new or ongoing medical issues.

If a provider treats medical problems during the same visit, it may result in **copays or additional costs**

AVOID UNEXPECTED BILLS: If you are having a new or ongoing symptom, please contact us to schedule an acute care or problem-based visit!

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