

can medicare wellness be done over the phone

Can Medicare Wellness Visits Be Done Over the Phone? A Comprehensive Guide

Are you a Medicare beneficiary juggling appointments, busy schedules, and the desire to maintain your health? The convenience of telehealth has revolutionized healthcare access, and many wonder: can Medicare wellness visits, those crucial annual checkups, be conducted over the phone? This comprehensive guide delves into the intricacies of Medicare wellness visits and telehealth, answering your questions definitively and providing you with the knowledge to navigate this aspect of your healthcare. We'll explore the rules, the benefits, and what you need to know to make the most of your Medicare benefits.

Understanding Medicare Wellness Visits (Annual Wellness Visits - AWWs)

Before we tackle the phone call question, let's clarify what a Medicare Annual Wellness Visit (AWV) entails. These are preventative visits designed to assess your overall health, identify potential risks, and create a personalized plan to keep you healthy. They're not the same as regular doctor's appointments for treating illnesses. Instead, AWWs focus on:

Reviewing your medical and family history: Your doctor will gather comprehensive information about your past health, current medications, and family history of diseases.

Measuring your vital signs: This typically includes blood pressure, weight, and height. While some measurements might require an in-person visit, others can potentially be obtained through discussions and self-reporting.

Assessing your health risks: Your doctor will discuss your lifestyle, including diet, exercise, and smoking habits, to identify potential risks for chronic diseases.

Creating a personalized prevention plan: Based on the assessment, your doctor will develop a plan that addresses your specific needs and aims to prevent future health issues.

Developing a list of recommended screenings: This might include screenings for cancer, cholesterol, and other conditions based on your age and risk factors.

Can Medicare Wellness Visits Be Done Entirely Over the Phone?

The short answer is: it depends. While Medicare does cover telehealth services, the extent to which an AWW can be conducted solely over the phone is determined by several factors:

Your Doctor's Participation in Telehealth: Not all doctors participate in telehealth programs. Your doctor needs to be enrolled in Medicare and offer telehealth services for

you to have a phone-based AWW. You should check with your doctor's office directly to see if they offer telehealth AWWs.

The Scope of the Visit: Some aspects of the AWW, such as physical examinations (e.g., blood pressure checks, height and weight measurements), are inherently difficult – if not impossible – to perform remotely. A purely phone-based visit might be limited in its scope. While discussing health history and risk factors is possible, the physical exam component might necessitate an in-person visit.

Medicare's Coverage Rules: While Medicare has expanded telehealth coverage, specific guidelines might vary depending on the type of service and the provider. It is crucial to confirm the coverage with Medicare directly.

What Parts of the AWW Can Be Done Over the Phone?

Certain aspects of the AWW lend themselves well to a phone or video consultation:

Medical history review: Discussing your past medical history, current medications, and family health history can easily be conducted remotely.

Risk factor assessment: You can comfortably discuss your lifestyle, including diet, exercise, smoking habits, and other health-related behaviors over the phone.

Discussion of prevention plan: Your doctor can discuss the personalized prevention plan developed based on the information gathered.

Scheduling future appointments and screenings: Scheduling future appointments and screenings is easily accomplished remotely.

What Parts of the AWW Usually Require an In-Person Visit?

Some components of the AWW typically necessitate an in-person visit:

Physical Examination: Measurements of vital signs, such as blood pressure and weight, are usually performed in person.

Certain diagnostic tests: Some diagnostic tests will require an in-person visit.

How to Schedule a Telehealth AWW

If your doctor offers telehealth AWWs, scheduling should be a straightforward process. You can likely schedule the appointment via phone, online portal, or through your doctor's office. Be sure to clarify with the office that you are scheduling a telehealth AWW to ensure proper billing and coverage.

Maximizing the Benefits of Telehealth for Your Medicare Wellness Visit

To get the most out of a telehealth AWW, prepare beforehand. Have a list of your current medications, a summary of your medical history, and a record of any recent tests readily available. This ensures a smooth and efficient consultation. If you have any questions,

don't hesitate to contact your doctor's office for clarification.

Conclusion

While a completely phone-based Medicare Annual Wellness Visit might not always be feasible due to the need for certain physical examinations, telehealth offers significant flexibility for completing many key aspects of this important preventative care. Always communicate directly with your doctor's office to understand their telehealth capabilities and Medicare's coverage for your specific situation. By understanding the limitations and benefits of telehealth for AWWs, you can effectively utilize this convenient resource to maintain your health.

FAQs

1. Does Medicare cover the entire cost of a telehealth AWW? Generally, yes, Medicare Part B covers telehealth AWWs if the doctor is participating in Medicare's telehealth program and the service is deemed medically necessary. However, you may still be responsible for the standard Medicare Part B deductible and coinsurance.
1. What if my doctor doesn't offer telehealth? You will need to find a doctor who does offer telehealth services to have your AWW remotely. You can check with Medicare or your local health care organizations for referrals.
1. Can I have a video visit for my AWW instead of just a phone call? Many doctors offer video visits as a part of their telehealth services. This can provide a more interactive experience than a phone call alone. Ask your doctor about video options.
1. What if I need a physical exam but prefer telehealth for other aspects of the AWW? It's perfectly acceptable to have some aspects done via telehealth and schedule an in-person visit for the physical exam portion. Discuss this with your physician to create a blended approach that suits your needs.
1. How do I know if my doctor is a participating telehealth provider? Contact your doctor's office directly to inquire about their telehealth services and participation in Medicare's telehealth program. You can also check Medicare's website for a list of participating providers in your area.

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Schulder Rheuban, Elizabeth A. Krupinski, 2017-12-22 The first complete guide to the rapidly expanding field of telehealth From email to videoconferencing, telehealth puts real-time healthcare solutions at patients' and clinicians' fingertips. Every year, the field continues to evolve, enhancing access to healthcare, supporting clinicians, and improving the patient experience. However, since telehealth is in its infancy, no text has offered a comprehensive, definitive survey of this up-and-coming field—until now. Written by past presidents of the American Telemedicine Association, Understanding Telehealth explains how clinical applications leveraging telehealth technology are optimizing healthcare delivery. In addition, this timely resource examines the bedrock principles of telehealth and highlights the safety standards involved in the diagnosis and treatment of patients through digital communications. Logically organized and supported by high-yield clinical vignettes, the book begins with essential background information, including a look at telehealth history, definitions and roles, and rural health. It then provides an overview of clinical services for adults, from telestroke to telepsychiatry. The third section addresses pediatric clinical services, encompassing pediatric emergency and critical care, telecardiology, and more. A groundbreaking resource: •Chapters cover a broad spectrum of technologies, evidence-based guidelines, and application of telehealth across the healthcare continuum •Ideal for medical staff, public healthcare executives, hospitals, clinics, payors, healthcare advocates, and researchers alike •Incisive coverage of the legal and regulatory environment underpinning telehealth practice

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a motor vehicle crash.

can medicare wellness be done over the phone: Major Labels Kelefa Sanneh, 2021-10-05

One of Oprah Daily's 20 Favorite Books of 2021 • Selected as one of Pitchfork's Best Music Books of the Year "One of the best books of its kind in decades." —The Wall Street Journal An epic achievement and a huge delight, the entire history of popular music over the past fifty years refracted through the big genres that have defined and dominated it: rock, R&B, country, punk, hip-hop, dance music, and pop Kelefa Sanneh, one of the essential voices of our time on music and culture, has made a deep study of how popular music unites and divides us, charting the way genres become communities. In *Major Labels*, Sanneh distills a career's worth of knowledge about music and musicians into a brilliant and omnivorous reckoning with popular music—as an art form (actually, a bunch of art forms), as a cultural and economic force, and as a tool that we use to build our identities. He explains the history of slow jams, the genius of Shania Twain, and why rappers are always getting in trouble. Sanneh shows how these genres have been defined by the tension between mainstream and outsider, between authenticity and phoniness, between good and bad, right and wrong. Throughout, race is a powerful touchstone: just as there have always been Black audiences and white audiences, with more or less overlap depending on the moment, there has been Black music and white music, constantly mixing and separating. Sanneh debunks cherished myths, reappraises beloved heroes, and upends familiar ideas of musical greatness, arguing that sometimes, the best popular music isn't transcendent. Songs express our grudges as well as our hopes, and they are motivated by greed as well as idealism; music is a powerful tool for human connection, but also for human antagonism. This is a book about the music everyone loves, the music everyone hates, and the decades-long argument over which is which. The opposite of a modest proposal, *Major Labels* pays in full.

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can medicare wellness be done over the phone: Implementing Strategies to Enhance Public Health Surveillance of Physical Activity in the United States National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Food and Nutrition Board, Committee on Strategies for Implementing Physical Activity Surveillance, 2019-07-19 Physical activity has far-reaching benefits for physical, mental, emotional, and social health and well-being for all segments of the population. Despite these documented health benefits and previous efforts to promote physical activity in the U.S. population, most Americans do not meet current public health guidelines for physical activity. Surveillance in public health is the ongoing systematic collection, analysis, and interpretation of outcome-specific data, which can then be used for planning, implementation and evaluation of public health practice. Surveillance of physical activity is a core public health function that is necessary for monitoring population engagement in physical activity, including participation in physical activity initiatives. Surveillance activities are guided by standard protocols and are used to establish baseline data and to track implementation and evaluation of interventions, programs, and policies that aim to increase physical activity. However, physical activity is challenging to assess because it is a complex and multidimensional behavior that varies by type, intensity, setting, motives, and environmental and social influences. The lack of surveillance systems to assess both physical activity behaviors (including walking) and physical activity environments (such as the walkability of communities) is a critical gap. *Implementing Strategies to Enhance Public Health Surveillance of Physical Activity in the United States* develops strategies that support the implementation of recommended actions to improve national physical activity surveillance. This report also examines and builds upon existing recommended actions.

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expanded to embrace wellness and prevention as well as strategies for putting into practice a broad range of environmental and system change strategies, such as advocacy and community organization. The book is well-suited for adoption in counselor-education courses and includes explicit connections to CACREP accreditation standards. It's also an excellent choice for programs in psychology, where the APA-approved prevention guidelines for psychologists are now available, and in social work, where prevention and community change have long been hallmarks.

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can medicare wellness be done over the phone: *Textbook of Adult-Gerontology Primary Care Nursing* Debra J Hain, PhD, APRN, AGPCNP-BC, FAAN, FAANP, FNKF, Deb Bakerjian, PhD, APRN, FAAN, FAANP, FGSA, 2022-02-21 I was thrilled to see content that focuses on quality improvement, patient safety, interprofessional collaboration, care coordination, and other content that supports the role of the AGNP as a clinical leader and change agent. The authors give these topics the attention that they deserve, with clear, insightful guidance and importantly, the evidence base. The chapters that address roles (including during disasters!), settings of care, billing, and medication use address salient issues that will help the fledgling AGNP to hit the ground running and the seasoned AGNP to keep current. –Marie Boltz, PhD, GNP-BC, FGSA, FAAN Elouise Ross Eberly and Robert Eberly Endowed Professor Toss and Carol Nese College of Nursing, Penn State University From the Foreword Written for Adult-Gerontology Primary Care Nurse Practitioners, faculty, and students, this primary text encompasses the full scope of AGNP primary care practice across multiple healthcare settings including telehealth. The text emphasizes the best available evidence to promote person-centered care, quality improvement of care, interprofessional collaboration, and reducing healthcare costs. The text delivers timely information about current healthcare initiatives in the U.S., including care coordination across the healthcare continuum, interprofessional collaboration, and accountable care organizations. Disease-focused chapters contain general and specific population-based assessment and interprofessional care strategies to both common and complex health issues. They offer consistent content on emergencies, relevant social determinants of health, and ethical dilemmas. The text also prepares students for the administrative aspects of practice with information on the physical exam, medications, billing, coding, and documentation. Concise, accessible information is supported by numerous illustrations, learning objectives, quality and safety alerts, clinical pearls, and case studies demonstrating best practice. A robust ancillary package includes an Instructor's Manual with case studies and teaching guides, a Test Bank reflective of clinical situations and patient conditions, PowerPoints covering key concepts, and an Image Bank of skin conditions and other figures. Key Features: Covers several key courses in the curriculum for ease of teaching/learning Embraces a broad population focus addressing specific care needs of adolescents through older adults Facilitates safe care coordination and reinforces best practices across various health care settings including telehealth Fosters understanding, diagnosis, and management of patients with multimorbid conditions Incorporates evidence-based practice information and guidelines throughout, to ensure optimal, informed patient care A robust ancillary package includes an Instructor's Manual, a Test Bank, PowerPoints, and an Image Bank.

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topics, including the organization of care, population health, the fundamental challenges of health disparities, health care financing and economics, and health information technology's role in improving care and protecting privacy. New chapters on public health preparedness and its role in mitigating effects on health and the health system, and the medical and social challenges of caring for older adults provide insight into important, ongoing challenges and what those challenges reflect about our system of care. With an increased emphasis on health disparities, population health, and health equity, this textbook includes a timely focus on how social and behavioral determinants influence health outcomes. Students will gain a deeper understanding of public health systems and their societal role and of the economic perspectives that drive health care managers and the system. Thorough coverage of the rapid changes that are reshaping our system, in addition to an evaluation of our nation's achievement of health care value, will equip students with the critical knowledge they need to enter this dynamic and complex field. The book also includes cutting-edge, evidence-based information on preventive medicine, innovative approaches to control health care costs, initiatives to achieve high quality and value-based care, and much more from prominent scholars, practitioners, and educators within health care management, public health, population health, health policy, medical care, and nursing. Key Features: New chapters on Public Health Preparedness and Caring for Older Adults Expanded coverage on health disparities and health equity, public health systems and their societal role, and the economic perspectives driving health care managers and the system Careers in Focus sections provide perspectives from a range of career paths in the health sector and how they contribute to the health care workforce Case Exercises and Discussion Questions have been expanded for all chapters Digital access to the entire text, including four supplementary eChapters that provide an engaging visual overview of trends in health care and detail the Affordable Care Act—including its history and implementation, updates to the law, and changes as a result of the COVID-19 pandemic Purchase includes digital access for use on most mobile devices or computers, and qualified instructors also have access to a full suite of instructor resources

can medicare wellness be done over the phone: Improving the Medicare Market Institute of Medicine, Committee on Choice and Managed Care: Assuring Public Accountability and Information for Informed Purchasing by and on Behalf of Medicare Beneficiaries, 1996-11-01 Medicare beneficiaries are rapidly moving into managed care, as attempts to restrain the growth of this costly entitlement program progress. However, advocates for patients question whether the necessary information and structures are in place to enable Medicare consumers to select wisely among private-sector managed care options. Improving the Medicare Market examines how to give Medicare beneficiaries the same choice of health plan options enjoyed in the private sector—yet protect them as consumers and patients. This book recommends approaches to ensuring accountability and informed purchasing for Medicare beneficiaries in an environment of broader choice and managed care—how the government should evaluate and approve plans, what role the traditional Medicare program should play, how to help to elderly understand their options, and many other practical matters. The committee discusses the information requirements of Medicare beneficiaries and explores in detail how best to respond to their special needs. And it examines the procedures that should be developed to provide the necessary protections for the elderly in a managed care system.

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thoroughly up to date with current references. - Features an interdisciplinary perspective to provide team-oriented knowledge on the best diagnosis, treatment, and management strategies available to address the complex needs of older adults. - Contains a new chapter on Lesbian, Gay, Bisexual, Transgender (LGBT) Medicine in Older Adults, as well as completely revised or rewritten chapters on rehabilitation, infectious disease, and urinary incontinence. - Provides up-to-date information on key topics such as opioid management and polypharmacy, the geriatric emergency room, cultural humility in the care of older adults, and the five signs of problematic substance abuse. - Includes key learning objectives and USMLE-style questions in every chapter. - Online extras include dizziness, gait, and balance video resources, a dermatology quiz, and a Cognitive Status Assessment with tests and patient teaching guides. - Enhanced eBook version included with purchase. Your enhanced eBook allows you to access all of the text, figures, and references from the book on a variety of devices.

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thorough review of the 17 Evaluation and Management (E/M) subsections presented in the Current Procedural Terminology (CPT) manual. Real-life scenarios let you practice coding with cases taken from actual documentation. An outline format includes plenty of practice questions, making it easy to review and prepare for E/M certification exams. Written by coding author and educator Carol J. Buck, this edition covers both ICD-9 and ICD-10 code sets, and helps you gain the accuracy and proficiency you need for success in auditing records and in E/M coding. A convenient outline format provides easy-to-follow, efficient coverage of E/M coding. An introduction to E/M coding describes how to fill out the main audit form used in the book, then breaks down each of the 17 E/M CPT subsections separately. Follow-up questions and reports test your comprehension of the E/M subsections and allow you to build confidence. An examination with answers prepares you for the professional environment with 17 real-life cases covering E/M codes. 1995 and 1997 E/M Documentation Guidelines, along with an Internet Only Manual, provide a quick reference to all E/M coding variations. Useful appendices include answers to Unit 1 questions and the Unit 2 exam, blank audit forms for practice, abbreviations, and additional resources. UPDATED content lets you practice using the 2013 code sets. Dual coding includes answers for both ICD-9 and ICD-10, preparing you for the diagnosis coding sets of both today and tomorrow.

can medicare wellness be done over the phone: Medicare For Dummies Patricia Barry, 2016-06-02 Medicare For Dummies, 2nd Edition (9781119293392) was previously published as Medicare For Dummies, 2nd Edition (9781119079422). While this version features a new Dummies cover and design, the content is the same as the prior release and should not be considered a new or updated product. Make your way through the Medicare maze with help from For Dummies America's baby boomers are now turning 65 at the rate of about 10,000 a day. Yet very few have any idea about how Medicare works, when they should sign up, or how the program fits in with other health insurance they may have. Medicare For Dummies, 2nd Edition provides a detailed road map for navigating Medicare's often-baffling complexities and helps consumers avoid pitfalls that could otherwise cost them dearly. In plain language, the new edition explains: How to qualify for Medicare, according to your personal circumstances, including new information on the rights of people in same-sex marriages When to sign up at the time that's right for you, to avoid lifelong late penalties How to weigh Medicare's many options so you can be confident of making the decision that's best for you What Medicare covers and what you pay, with up-to-date details of the costs of premiums, deductibles, and copays—and how you may be able to reduce those expenses By conveying not only the basics but also how to troubleshoot problems and where to find assistance, Medicare For Dummies, 2nd Edition helps you to get the most out of Medicare.

can medicare wellness be done over the phone: Clinical Preventive Services for Women Institute of Medicine, Board on Population Health and Public Health Practice, Committee on Preventive Services for Women, 2011-11-27 Women suffer disproportionate rates of chronic disease and disability from some conditions, and often have high out-of-pocket health care costs. The passage of the Patient Protection and Affordable Care Act of 2010 (ACA) provides the United States with an opportunity to reduce existing health disparities by providing an unprecedented level of population health care coverage. The expansion of coverage to millions of uninsured Americans and the new standards for coverage of preventive services that are included in the ACA can potentially improve the health and well-being of individuals across the United States. Women in particular stand to benefit from these additional preventive health services. Clinical Preventive Services for Women reviews the preventive services that are important to women's health and well-being. It recommends that eight preventive health services for women be added to the services that health plans will cover at no cost. The recommendations are based on a review of existing guidelines and an assessment of the evidence on the effectiveness of different preventive services. The services include improved screening for cervical cancer, sexually transmitted infections, and gestational diabetes; a fuller range of contraceptive education, counseling, methods, and services; services for pregnant women; at least one well-woman preventive care visit annually; and screening and counseling for interpersonal and domestic violence, among others. Clinical Preventive Services for Women

identifies critical gaps in preventive services for women as well as measures that will further ensure optimal health and well-being. It can serve as a comprehensive guide for federal government agencies, including the Department of Health and Human Services and the Center for Disease Control and Prevention; state and local government agencies; policy makers; health care professionals; caregivers, and researchers.

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