



UNDERSTANDING HEALTH INSURANCE

BY IRENE C. CARD and BETSY D. CHANDLER

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TWO MORE MEDICARE PREVENTATIVE BENEFITS - COVERAGE FOR ALCOHOL MISUSE & CARDIOVASCULAR DISEASE RISK REDUCTION VISITS

Alcohol misuse screening and counseling

In October, 2011, Medicare began covering a new preventive benefit – annual screenings and counseling to reduce alcohol misuse. You misuse alcohol if you have drinking habits that go beyond recommended levels but you are not yet considered alcohol dependent.

Someone is considered to be misusing alcohol if they are a: Woman under the age of 65 who has more than three drinks at a time or seven drinks per week; A man under the age of 65 who has more than four drinks at a time or 14 drinks per week; A person over the age of 65 who has more than three drinks at a time or seven drinks per week.

Medicare will pay for annual alcohol misuse screenings for people with Medicare. You do not need to show any signs or symptoms of abuse to qualify for the preventive screening. If the annual screening shows that you misuse alcohol, Medicare will pay for up to four, brief counseling sessions every year. To qualify for Medicare coverage of these counseling sessions, you must be considered mentally competent, be counseled in a primary care setting (i.e., doctor's office or a clinic), be counseled by a primary care provider (i.e., a doctor or a nurse practitioner).

Medicare will not cover alcohol misuse screenings or counseling you get while in an emergency room or during an inpatient hospital stay.

If you have Original Medicare, you will not have to pay a deductible or coinsurances for alcohol misuse and counseling as long as you use providers who accept assignment. If you have a Medicare Advantage plan (private health plan), you will not have to pay a deductible, copay or coinsurances as long as you see network providers. (Medicare Advantage plans are in lieu of the traditional or original Medicare).

If you are considered to misuse alcohol, that does not mean you are dependent on alcohol or are an alcoholic.

Medicare also covers inpatient and outpatient treatment for alcoholism and other substance abuse. Services for the treatment of alcohol dependency and abuse are not considered preventive care and therefore you may have to pay a coinsurance and/or a deductible.

Cardiovascular disease risk reduction visits

In November, 2011, Medicare began covering one visit per year with your primary care physician or other primary care doctor to help reduce your risk for cardiovascular disease.



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During this visit, your doctor should encourage aspirin use for all men ages 45-79 and for all women ages 55-79 if the health benefits outweigh the risks; Screen for high blood pressure for all adults age 18 years and older; Provide behavioral counseling and tips to encourage a healthy diet for almost everyone with Medicare. For Medicare to cover this preventive annual screening, you must be considered competent and alert at the time that counseling is provided.

Most people with Medicare should receive all three components of the screening. However, men under 45 years old and women under 55 years are not encouraged to use aspirin as a tool to reduce cardiovascular disease.

If you have Original Medicare, you will have no coinsurance or deductible for your yearly cardiovascular preventive visit if you see a doctor or other health care provider who accepts assignment. Doctors who accept assignment cannot charge you more than the Medicare approved amount. Starting in 2012, your Medicare Advantage plan cannot charge you copays, coinsurances or deductibles for the cardiovascular preventive visit as long as you see in-network health care providers. If you see doctors that are not in your plan's network, charges will typically apply.

Please note that everything I have said thus far pertains to preventive care only. If you already have been diagnosed with a cardiovascular disease (high cholesterol, for example), none of the above applies to you because you are probably seeing your internist or cardiologist on a regular basis. That is all considered diagnostic and not preventive and will be covered according to Medicare Part B benefits.

Most of the information for this column was provided by the Medicare Rights Information Center.

Irene Card & Betsy Chandler are licensed insurance professionals working at MIC Insurance Services, a health insurance services company. If you have questions relative to this column or other related topics, we invite you to call (973) 492-2828. You may also access our library of past columns on our web site: www.micinsurance.com.