



...helping people with Medicare make informed health care decisions

PREVENTIVE SERVICES

Preventive Service	Who Is Covered	How Often It's Covered	Your Costs
<p>Welcome to Medicare Preventive Visit This one-time visit includes a medical and social history review of your health. Depending on your general health and medical history, your doctor may refer you for additional tests. Your doctor will develop a personalized written plan letting you know which screenings and other preventive services you need.</p>	All people joining the Medicare program.	One time within the first 12 months you have Medicare Part B.	There is no cost if your doctor accepts Medicare assignment.*
<p>Annual Wellness Visit Medicare provides an annual wellness visit that lets you visit your physician to develop or update a personalized prevention plan based on your current health and risk factors.</p>	All people with Medicare.	<p>If you've had Part B for longer than 12 months, you can get an annual wellness visit to develop or update your personalized prevention plan. This visit is covered once every 12 months.</p> <p>Note: Your first annual wellness visit can't take place within 12 months of your Welcome to Medicare visit.</p>	There is no cost if your doctor accepts Medicare assignment.*
<p>Abdominal Aortic Aneurysm Screening This ultrasound screening test checks the aorta for weak area expansions or bulges, which indicate a life-threatening condition.</p>	<p>Men and women with Medicare who have been identified by their physician as being at risk for having an abdominal aortic aneurysm. Risk factors include:</p> <ul style="list-style-type: none"> • A family history of abdominal aortic aneurysm • Being a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime 	This is a one-time screening ultrasound test. In order to have this screening covered by Medicare, patients that have been identified as high-risk must get a referral for this procedure at their Welcome to Medicare visit.	There is no cost if your doctor accepts Medicare assignment.

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<p>Alcohol Misuse Screening and Counseling Medicare covers annual alcohol screening and up to four brief face-to-face behavioral counseling sessions.</p>	<p>People with Medicare, including pregnant women, who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence.</p>	<p>Screening for alcohol misuse is covered once every 12 months. If the screening is positive, up to 4 brief counseling sessions are covered during the 12 months following the date of the screening.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p>Bone Mass Measurement Medicare covers bone mass measurements to determine whether you are at risk for osteoporosis.</p>	<p>People with Medicare who fall into at least one of the following categories:</p> <ul style="list-style-type: none"> • A woman who is estrogen deficient and at clinical risk for osteoporosis • People with vertebral abnormalities • People receiving (or expecting to receive) steroid therapy for more than 3 months. • People with hyperparathyroidism • People being monitored to assess their response to FDA-approved osteoporosis drug therapy 	<p>This service is usually covered once every 24 months (or more frequently if medically necessary).</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p>Cardiovascular Disease Screening These blood tests help detect conditions that may lead to a heart attack or stroke. They test your cholesterol, lipid, and triglyceride levels.</p>	<p>All people with Medicare.</p>	<p>Medicare covers these tests once every five years.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p>Behavioral Therapy for Cardiovascular Disease Medicare covers intensive behavioral therapy for cardiovascular disease (a CVD risk reduction visit), which includes:</p> <ul style="list-style-type: none"> • Encouraging aspirin use when benefits outweigh risks, • Screening for high blood pressure, and • Intensive behavioral counseling to promote a healthy diet. 	<p>All people with Medicare.</p>	<p>Medicare covers one session of intensive behavioral therapy for cardiovascular disease each year.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>

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<p>Colorectal Cancer Screening To help find precancerous growths or find cancer early, when treatment is most effective. Your doctor may order one of the following tests:</p> <ul style="list-style-type: none"> • Fecal Occult Blood Test • Flexible Sigmoidoscopy • Colonoscopy • Barium Enema 	<p>Men and women with Medicare age 50 and older who are at risk of developing colorectal cancer.</p>	<p>NORMAL RISK</p> <p>Fecal Occult Blood Test Annually</p> <p>Flexible Sigmoidoscopy Once every 4 years (unless a screening colonoscopy has been performed and then Medicare may cover a screening sigmoidoscopy after at least 119 months),</p> <p>Screening Colonoscopy Every 10 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover a screening colonoscopy only after at least 47 months).</p> <p>Barium Enema (As an alternative to a covered screening flexible sigmoidoscopy).</p> <p>HIGH RISK</p> <p>Fecal Occult Blood Test Annually</p> <p>Flexible Sigmoidoscopy Once every 4 years.</p> <p>Screening Colonoscopy Every 2 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover a screening colonoscopy only after at least 47 months).</p> <p>Barium Enema (As an alternative to a covered screening colonoscopy).</p>	<p>Fecal Occult Blood Test There is no cost if your doctor accepts Medicare assignment.</p> <p>Flexible Sigmoidoscopy There is no cost if your doctor accepts Medicare assignment.</p> <p>Colonoscopy There is no cost if your doctor accepts Medicare assignment.</p> <p>Barium Enema You pay 20% of the Medicare approved amount for the doctor's services. In a hospital outpatient setting, you also pay the hospital a copayment.</p>

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<p>Depression Screening Medicare covers preventive screening for depression. Preventive coverage is limited to screening services, and does not include treatment options, interventions, or complications or chronic conditions resulting from depression.</p>	All people with Medicare.	This service is usually covered once every 12 months.	There is no cost if your doctor accepts Medicare assignment.
<p>Diabetes Screening Medicare covers a fasting blood glucose test to screen people at risk for diabetes.</p>	<p>Men and women with Medicare with any of the following risk factors:</p> <ul style="list-style-type: none"> • High blood pressure (hypertension) • History of abnormal cholesterol and triglyceride levels (dyslipidemia) • Obesity • History of high blood sugar • Family history of diabetes 	<p>Up to two tests per year if you have pre-diabetes.</p> <p>One screening test per year if you do NOT have pre-diabetes or have never been tested before.</p>	There is no cost if your doctor accepts Medicare assignment.
<p>Diabetes Self-Management Training Medicare covers certain services for people with diabetes to help them successfully manage the disease and help prevent its complications.</p>	People with Medicare that have diabetes and have a written order from their physician treating their diabetes.	<p>Up to 10 hours of training during the first year.</p> <p>Two hours of follow-up training each year thereafter if ordered by your physician.</p>	20% of the Medicare-approved amount after the yearly Part B deductible.
<p>Glaucoma Examination A glaucoma screening eye exam is used to detect glaucoma. Glaucoma is caused by abnormally high pressure in the eye which damages the optic nerve and, without treatment, can gradually lead to blindness.</p>	<p>Men and women with Medicare that are considered high risk. You are considered high risk if you have one of the following risk factors:</p> <ul style="list-style-type: none"> • You have diabetes • You are African-American and are age 50 or older • You are Hispanic and are 65 or older • You have a family history of glaucoma 	Medicare covers glaucoma screenings every 12 months for high risk patients.	Medicare beneficiaries pay 20% of the Medicare-approved amount after the yearly Part B deductible.
<p>Hepatitis B Vaccines A series of three shots are needed for complete protection from this disease which infects the liver.</p>	<p>Men and women with Medicare whose doctor identifies them as medium to high risk for Hepatitis B. Risk factors include:</p> <ul style="list-style-type: none"> • Hemophilia • End Stage Renal Disease 	One series of Hepatitis B shots provides complete lifetime protection.	There is no cost if your doctor accepts Medicare assignment.

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<p>HIV Screening This is a blood test to screen for Human Immunodeficiency Virus (HIV).</p>	Men and women with Medicare who are at increased risk for infection, as well as anyone that asks to be tested.	Medicare covers HIV screening once every 12 months for people with Medicare who are at increased risk for the infection, as well as for anyone that asks to be tested. Medicare also covers HIV screening for women who are pregnant up to three times during the pregnancy (when you become pregnant, during 3 rd trimester, and at delivery if ordered by your doctor).	There is no cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit.
<p>Influenza (Flu) Vaccine The Centers for Disease Control recommends a flu shot as the first and most important step in protecting against flu viruses.</p>	All people with Medicare.	Medicare covers an influenza shot once each flu season. It's best to have the immunization in the fall or early winter.	There is no cost if your doctor accepts Medicare assignment.
<p>Obesity Screening and Counseling Medicare offers intensive behavioral therapy for beneficiaries with obesity, defined as a body mass index (BMI) ≥ 30 kg/m².</p>	All people with Medicare may be screened for obesity. Counseling is covered for anyone found to have a BMI ≥ 30 kg/m ² .	Beneficiaries with BMIs ≥ 30 kg/m ² are eligible for: <ul style="list-style-type: none"> • One face-to-face visit each week for the first month; • One face-to-face visit every other week for months 2-6; • One face-to-face visit every month for months 7-12 if the beneficiary loses 3kg during months 1-6. 	There is no cost if your doctor accepts Medicare assignment.
<p>Pap Tests and Pelvic Exams with a Clinical Breast Exam These tests and exams check for cervical, vaginal, and breast cancers.</p>	All women with Medicare.	Pap tests and pelvic exams are covered by Medicare every 24 months. Note: If you are of childbearing age and have had an abnormal Pap test within the past 36 months, or if your doctor determines you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap test and pelvic exam every 12 months.	There is no cost if your doctor accepts Medicare assignment.
<p>Pneumococcal Vaccine This immunization protects beneficiaries from pneumococcal pneumonia, an inflammation of the lungs caused by bacterial infection.</p>	All people with Medicare.	Most people need just one shot in their lifetime. Medicare will cover additional shots if your doctor decides that they are medically necessary.	There is no cost if your doctor accepts Medicare assignment.

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<p>Prostate Cancer Screening The tests included in this screening are the Prostate Specific Antigen (PSA) blood test and a digital rectal exam.</p>	<p>Men with Medicare age 50 and older. Coverage begins the day after your 50th birthday.</p>	<p>Medicare covers PSA screening tests and digital rectal examinations for prostate cancer once every 12 months.</p>	<p>There is no cost for the PSA blood test. Deductibles and copayment cost sharing applies for the digital rectal exam.</p>
<p>Screening Mammogram A type of X-ray to check for breast cancer.</p>	<p>All women with Medicare</p>	<p>Screening mammograms are covered by Medicare once every 12 months for women age 40 and over. Medicare covers one baseline mammogram for women between ages 35 and 39.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p>Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling to Prevent STIs (HIBC) Medicare covers screening for indicated STIs with the appropriate lab tests when ordered by the primary care physician or practitioner, and performed by an eligible Medicare provider.</p> <p>Medicare also covers up to two individual 20-30 minute face-to-face counseling sessions if referred for this service by a primary care provider and provided by a Medicare eligible primary care provider in a primary care setting.</p>	<p>Chlamydia and gonorrhea screening:</p> <ul style="list-style-type: none"> • Pregnant women age 24 or younger • Pregnant women at increased risk of STI • Women at increased risk for STIs <p>Syphilis screening:</p> <ul style="list-style-type: none"> • Pregnant women • Men and women at increased risk for STIs <p>Hepatitis B screening:</p> <ul style="list-style-type: none"> • Pregnant women <p>High-Intensity behavioral counseling:</p> <ul style="list-style-type: none"> • All sexually active adolescents and adults at increased risk of STI 	<p>Chlamydia and gonorrhea screening:</p> <ul style="list-style-type: none"> • When pregnancy diagnosis is made, and repeated during the third trimester if high-risk sexual behavior has occurred since the initial screening test. • Annually for women at increased risk. <p>Syphilis screening:</p> <ul style="list-style-type: none"> • When pregnancy diagnosis is made, and repeated during the third trimester and at delivery if high-risk sexual behavior has occurred since the last screening test. • Annually for men and women at increased risk. <p>Hepatitis B screening:</p> <ul style="list-style-type: none"> • At first prenatal visit and at delivery for those with new or continuing risk factors. <p>High-Intensity behavioral counseling:</p> <ul style="list-style-type: none"> • Two 20-30 minute sessions annually 	<p>There is no cost if your doctor accepts Medicare assignment.</p>

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Tobacco Use Cessation Services Tobacco Use cessation services include counseling sessions.	Medicare beneficiaries who use tobacco and have a recognized tobacco related disease, or who have signs or symptoms of tobacco-related disease.	Medicare will cover two cessation attempts per year. Each attempt may include up to four counseling sessions, with the total annual benefit covering up to eight sessions in a 12 month period.	Deductibles and copayment cost sharing apply. Many drugs are available to aid tobacco use cessation, including nicotine patches. These drugs may be covered by Medicare Part D plans. Check with your plan for specific details.
Counseling to Prevent Tobacco Use	Medicare beneficiaries who use tobacco, regardless of whether they have signs or symptoms of tobacco related disease.	Medicare will cover two cessation attempts per year. Each attempt may include up to four counseling sessions, with the total annual benefit covering up to 8 sessions in a 12 month period.	There is no cost if your doctor accepts Medicare assignment.

*If a medically necessary evaluation and management service is furnished in the same visit as an IPPE or AWW visit, cost sharing requirements will apply to the additional service only."