

Medicare Preventive Services

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness exam
- Bone mass measurement
- Breast cancer screening (mammograms)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- Depression screening
- Diabetes screening
- Diabetes self management training
- Glaucoma tests
- HIV screening
- Immunizations
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling
- Welcome to Medicare physical



Covered Preventive Services

- Alcohol misuse screening and counseling
- Annual wellness exam
- Bone mass measurement
- Cardiovascular disease screenings
- Colorectal cancer screenings
- Depression screening
- Diabetes screening, and self management training
- Flu shots
- Glaucoma tests
- Hepatitis B shots
- HIV Screening
- Mammograms (screening)
- Medical nutrition therapy
- Obesity screening and counseling
- Pap test/pelvic exam/clinical breast exam
- Prostate cancer screening
- Pneumococcal shots
- Sexually Transmitted Infection Screening and Counseling
- Smoking cessation
- “Welcome to Medicare” preventive visit (1st 12 months after Part B starts, one time only)
 - Abdominal aortic aneurysm screening

If the doctor performs or orders additional tests or services during the same visit that aren't covered under these preventive benefits, the part B deductible and coinsurance may apply



Abdominal Aortic Aneurysm Screening

- Medicare covers a one-time screening abdominal aortic aneurysm ultrasound for people at risk. You must get a referral for it as part of your one time Welcome to Medicare preventive visit. You pay nothing for the screening if the doctor or other qualified health care provider accepts assignment.



Alcohol misuse counseling

- Medicare covers 1 alcohol misuse screening per year
 - Must not meet for medical criteria for alcohol dependency
- If your primary care doctor or other primary care practitioner determines your misusing alcohol, you can get up to 4 brief face-to-face counseling sessions per year. A qualified primary care doctor or other primary care practitioner must provide the counseling in a primary care setting. You pay nothing if the qualified primary care doctor or other primary care practitioner accepts assignment.



Annual Wellness Exam

- If you have had part B longer than 12 months, you can get an annual wellness visit to develop or update a personalized plan to prevent disease based on your current health and risk factors. This visit is covered once every 12 months. The Part B deductible and coinsurance are waived.
 - The visit includes:
 - A health risk assessment
 - Review of functional ability and safety
 - Blood pressure, height and weight measurements
 - Review of potential risk for depression
 - Written screening schedule and personalized health advice



Bone Mass Measurement

- This test helps to see if you are at risk for broken bones. It is covered once every 24 months (more often if medically necessary) for people who have certain medical conditions or meet certain criteria. You pay nothing for this test if the doctor or other qualified health care provider accepts assignment.



Breast Cancer Screening (mammograms)

- Medicare covers screening mammograms to check for breast cancer once every 12 months for all women with Medicare 40 and older. Medicare covers 1 baseline mammogram for women between 35 – 39. You pay nothing for the test if the doctor or other qualified health care provider accepts assignment.



Cardiovascular disease (behavioral therapy)

- Medicare will cover 1 visit per year with your primary care doctor in a primary care setting to help lower your risk for cardiovascular disease. During this visit, your doctor may discuss aspirin use, check your blood pressure and give you tips to make sure you are eating well. You pay nothing if the doctor or other qualified health care provider accepts assignment.



Cardiovascular Screenings

- These screenings include blood tests that help detect conditions that may lead to a heart attack or stroke. Medicare covers these screening tests every 5 years to test your cholesterol, lipid, lipoprotein, and triglyceride levels. You pay nothing for the tests, but you generally have to pay 20% of the Medicare approved amount for the doctor's visit.



Cervical and Vaginal Cancer Screening

- Medicare covers pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the exam, Medicare also covers a clinical breast exam to check for breast cancer.
 - Medicare covers these screening tests once every 24 months.
 - Medicare covers these screening tests once every 12 months if you are at high risk for cervical or vaginal cancer, or if you are of child-bearing age and had an abnormal pap test in the past 36 months.
 - You pay nothing if the doctor or other qualified health care provider accepts assignment.



Colorectal Cancer Screenings

- Medicare covers these screenings to help find precancerous growths or find cancer early. One or more of the following tests may be covered:
 - Fecal occult blood test – this test is covered once every 12 months if you are 50 or older. You pay nothing for the test if the doctor or other qualified health care provider accepts assignment
 - Flexible sigmoidoscopy – this test is generally covered once every 48 months if you are 50 or older, or 10 years after a previous screening colonoscopy for those not at high risk. You pay nothing for the test if the doctor or other qualified health care provider accepts assignment.



Colorectal Cancer Screenings

- Colonoscopy – this test is generally covered once every 10 years (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy. There is no minimum age.
 - You pay nothing for the test if the doctor or other qualified health care provider accepts assignment.
 - NOTE: if a polyp or other tissue is found and removed during the colonoscopy, you may have to pay 20% of the Medicare approved amount for the doctor's services and a copayment in a hospital outpatient setting.
- Barium enema – this test is generally covered once every 48 months if you are 50 or older (high risk every 24 months) when used instead of a sigmoidoscopy or colonoscopy.
 - You pay 20% of the Medicare approved amount for the doctors services. In a hospital outpatient setting, you also pay the hospital a copayment.



Depression Screening

- Medicare covers 1 depression screening per year. The screening must be done in a primary care setting that can provide follow up treatment and referrals.
 - You pay nothing for this test if the doctor or other qualified health care provider accepts assignment, but you generally have to pay 20% of the Medicare approved amount for the doctor's visit.



Diabetes Screenings

- Medicare covers these screenings if your doctor determines you are at risk for diabetes.
 - You may be eligible for up to 2 diabetes screenings each year.
 - You pay nothing for the test if your doctor or other qualified health care provider accepts assignment.



Diabetes Self Management Training

- Medicare covers a program to help people cope with and manage diabetes.
 - The program may include tips for eating healthy, being active, monitoring blood sugar, taking medication, and reducing risks.
 - You must have diabetes and a written order from your doctor or other health care provider.
 - You pay 20% of the Medicare approved amount, and the part B deductible applies.



Glaucoma Tests

- These tests are covered once every 12 months for people at high risk for the eye disease glaucoma.
 - You are 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.
 - You pay 20% of the Medicare approved amount, and the part B deductible applies for the doctor's visit. In a hospital outpatient setting, you also pay the hospital a copayment.



HIV Screening

- Medicare covers HIV (Human Immunodeficiency Virus) screenings for people at increased risk for the virus, anyone who asks for the test, and pregnant women.
 - Medicare covers this test once every 12 months or up to 3 times during a pregnancy.
 - You pay nothing for the HIV screening if the doctor or other qualified health care provider accepts assignment.



Immunizations

- **Flu shot** – Medicare generally covers flu shots once per flu season in the fall or winter. You pay nothing for getting the flu shot if the doctor or other qualified health care provider accepts assignment for giving the shot
- **Hepatitis B shot** – Medicare covers these shots for people at high or medium risk for Hepatitis B. You pay nothing for the shot if the doctor or other qualified health care provider accepts assignment.
- **Pneumococcal shot** – Medicare covers pneumococcal shots to help prevent pneumococcal infections (like certain types of pneumonia). You pay nothing if the doctor or other qualified health care provider accepts assignment for giving the shot.



Medical Nutrition Therapy Services

- Medicare may cover medical nutrition therapy and certain related services if:
 - you have diabetes or kidney disease,
 - you have had a kidney transplant in the last 36 months and your doctor or health care provider refers you for the service.
 - You pay nothing for these services if the doctor or other qualified health care provider accepts assignment.



Did you know??

Both the Balanced Budget Act (BBA) of 1997 and the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000 significantly added to, or expanded the preventive services covered by Medicare.



Obesity Screening and Counseling

- If you have a body mass index (BMI) or 30 or more, Medicare covers intensive counseling to help you lose weight.
 - This counseling may be covered if you get it in a primary care setting, where it can be coordinated with your personalized prevention plan.
 - Talk to your primary care doctor or primary care practitioner to find out more.
 - You pay nothing for this service if the primary care doctor or other qualified primary care practitioner accepts assignment.



Prostate Cancer Screenings

- Medicare covers a Prostate Specific Antigen (PSA) test and a digital rectal exam once every 12 months for men over 50.
 - You pay nothing for the PSA test if the doctor or other health care provider accepts assignment.
 - You pay 20% of the Medicare approved amount and the part B deductible applies for the digital rectal exam. In a hospital outpatient setting, you also pay the hospital a copayment.



Sexually Transmitted Infections

Screening and Counseling

- Medicare covers sexually transmitted infection (STI) screenings.
 - These screenings are covered for people with Medicare who are pregnant and/or for certain people who are at increased risk for an STI. Medicare covers these tests once every 12 months or at certain times during pregnancy.
- Medicare also covers up to 2 behavioral counseling sessions each year for sexually active adults at increased risk for STIs.
 - Medicare will only cover these counseling sessions if they are provided by a primary care doctor or practitioner and take place in a primary care setting.
 - You pay nothing for these services if the primary care doctor or other qualified primary care practitioner accepts assignment.



Tobacco Cessation Counseling

- Medicare covers tobacco cessation counseling for individuals who use tobacco and have been diagnosed with a recognized tobacco-related disease or who exhibit symptoms consistent with tobacco-related disease
 - Medicare will cover up to 8 in-person counseling sessions a year
 - Deductible and coinsurance can apply



Welcome to Medicare Preventive Visit

- The Welcome to Medicare preventive visit is only offered one time within the first 12 months of getting Part B
 - During the visit the doctor will:
 - Review medical and social history
 - Record height, weight, body mass index and blood pressure
 - Give a simple vision test
 - Review risk factors for depression
 - Educate and counsel about staying well
 - Refer for additional screenings if needed
 - No cost if the doctor accepts Medicare assignment



How long does someone have after their part B starts to get their Welcome to Medicare physical?

- A) 24 months
- B) 12 months
- C) 48 months
- D) 6 months



Medicare will now cover a routine hearing exam?

A) True

B) False

Medicare will cover a flu shot as a preventive service?

A) True

B) False

The Welcome to Medicare and annual wellness exam are the same screening?

A) True

B) False