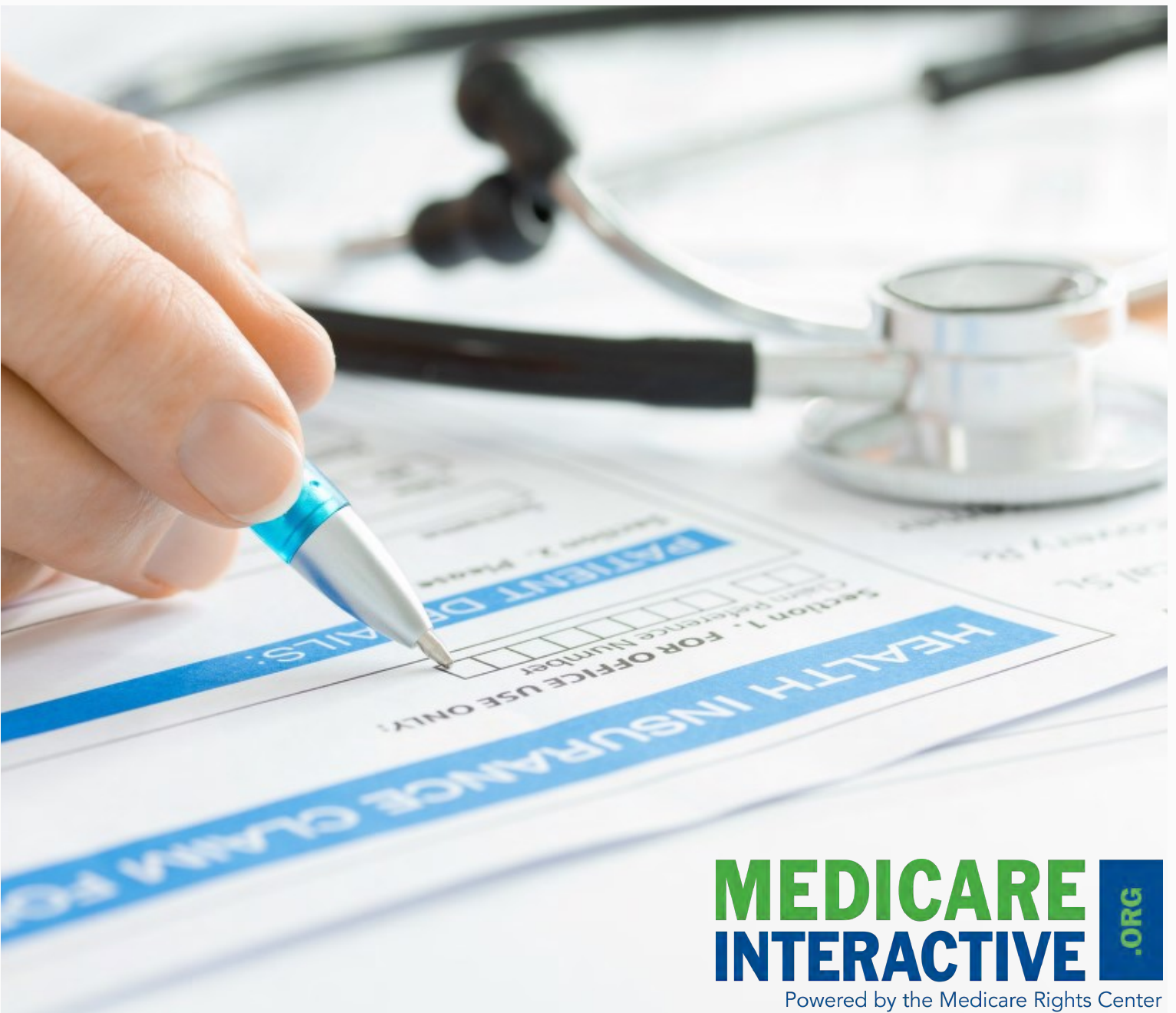


PREVENTIVE CARE



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EXPLAINED

WHAT IS PREVENTIVE CARE?

Preventive care is care you receive to prevent illness, detect medical conditions, and keep you healthy. Medicare Part B covers many preventive services, such as screenings, vaccines, and counseling. If you meet the eligibility requirements and guidelines for a preventive service, you must be allowed to receive the service. This is true for Original Medicare and Medicare Advantage Plans. However, your plan's coverage rules may apply.



Watch short video on preventive care at:
www.youtube.com/watch?v=gWnFfjBMbfY

COVERAGE

WHEN DOES MEDICARE COVER PREVENTIVE CARE?

Original Medicare

Original Medicare covers most preventive services at 100% of the Medicare-approved amount when you receive the service from a participating provider. This means you pay nothing (no deductible or coinsurance).

- You may be charged Original Medicare cost-sharing for certain preventive services.
- You may be charged if you see a non-participating or opt-out provider.

Medicare Advantage

When seeing an in-network provider, you pay nothing for preventive services that are covered with zero cost-sharing by Original Medicare. This means that plans are required to cover your care without charging deductibles, copayments, or coinsurance, as long as you meet Medicare's eligibility requirements for the service.

- Medicare Advantage Plans may charge you for preventive services that Original Medicare does not cover with zero cost-sharing.
- You may be charged if you see an out-of-network provider.

Diagnostic Care

During the course of your preventive care, your provider may discover and need to investigate or treat a new or existing problem. This additional care is considered diagnostic, meaning your provider is treating you because of certain symptoms or risk factors. Medicare may bill you for any diagnostic care you receive during a preventive visit.

You may have costs for some of these preventive services if your doctor makes a diagnosis during the service or does additional tests or procedures.

SERVICES

LIST OF MEDICARE-COVERED PREVENTIVE SERVICES

The following is a list of Medicare-covered preventive services. Keep in mind that each service has its own eligibility requirements and guidelines. Medicare may only cover a service a certain amount of times each year or under specific circumstances. Click a service below to jump to the relevant page.

Services Original Medicare Covers **Without** a Deductible or Coinsurance

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[DEPRESSION SCREENINGS](#)

[PAP SMEARS, PELVIC EXAMS, AND BREAST EXAMS](#)

[ALCOHOL MISUSE SCREENING AND COUNSELING](#)

[DIABETES SCREENINGS](#)

[PROSTATE CANCER SCREENINGS](#)

[ANNUAL WELLNESS VISIT \(AWV\)](#)

[HEPATITIS C SCREENINGS](#)

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Services Original Medicare Covers **With** a Deductible or Coinsurance

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Services Original Medicare Covers **Without** a Deductible or Coinsurance

1

ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING

Abdominal aortic aneurysm (AAA) is a ballooning of the aorta, a large blood vessel that supplies blood to your body. When left untreated, aortic ruptures can cause life-threatening internal bleeding. Screening can help determine if you need medical treatment for AAA.

Medicare Part B covers a one-time AAA ultrasound if you are at risk for AAA and receive a referral from your provider. Keep in mind that Medicare only covers the AA ultrasound once in your lifetime.

2

ALCOHOL MISUSE SCREENING AND COUNSELING

Alcohol misuse refers to drinking habits that are unhealthy but do not yet meet the medical requirements for alcohol dependency. Screening and counseling may help identify, manage, and treat alcohol misuse.

Part B covers an annual alcohol misuse screening. You do not need to show signs or symptoms of alcohol abuse to qualify for this screening. However, Medicare only covers counseling afterwards if your primary care provider (PCP) determines you are misusing alcohol.



3

ANNUAL WELLNESS VISIT (AWV)

The AWW is a yearly appointment with your PCP to create or update a personalized prevention plan. This plan may help prevent illness based on your current health and risk factors. Keep in mind that the AWW is not a head-to-toe physical. Also, this service is similar to but separate from the one-time Welcome to Medicare preventive visit.

Part B covers the AWW if you have had Part B for over 12 months and you have not received an AWW in the past 12 months. Additionally, you cannot receive your AWW within the same year as your Welcome to Medicare preventive visit.

4

BODY MASS INDEX SCREENINGS AND BEHAVIORAL COUNSELING

Body mass index (BMI) is a measure of body fat in adults. BMI screenings and follow-up behavioral counseling can help you lose weight if your BMI is high.

Part B covers BMI screenings and behavioral counseling to help you lose weight if you are obese. You are obese if you have a BMI of 30 or higher.

5

BONE MASS MEASUREMENTS

Bone mass measurements can help determine if you need medical treatment for osteoporosis, a condition that can cause brittle bones in older adults.

Part B covers bone mass measurement every two years if you are at risk for osteoporosis and have a referral from your provider.

6

CARDIOVASCULAR DISEASE RISK REDUCTION VISITS

Cardiovascular disease generally refers to conditions that can lead to heart attack or stroke. Cardiovascular disease risk reduction visits can help detect and prevent this disease.

Part B covers an annual cardiovascular disease risk reduction visits with your PCP. You do not need to show signs or symptoms of cardiovascular disease to qualify for screening, but you must be considered competent and alert when counseling is provided.

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COLORECTAL CANCER SCREENINGS

Colorectal cancer is a cancer that starts in the colon or rectum. These screenings can detect conditions that may lead to colorectal cancer.

Part B covers different colorectal cancer screenings, each with separate eligibility requirements:

- Fecal occult blood test: once every 12 months if you are age 50+
- Colonoscopy: once every 24 months if Medicare considers you at high risk
- Flexible sigmoidoscopy: once every 48 months if you are age 50+ and Medicare considers you at high risk
- Barium enema: once every 24 months if you are age 50+ and at high risk, or once every 48 months if you are age 50+ and not at high risk (but not within 48 months of a flexible sigmoidoscopy)





8

DEPRESSION SCREENINGS

Depression is a mental health condition that affects mood. Depression screenings should be conducted by your PCP or another trusted doctor to ensure that you are correctly diagnosed and treated.

Part B covers an annual depression screening. You do not need to show signs or symptoms of depression to qualify for screening. However, the screening must take place in a primary care setting, like a doctor's office. This means Medicare will not cover your screening if it takes place in an emergency room, skilled nursing facility (SNF), or hospital.

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DIABETES SCREENINGS

Diabetes is a disease that results in high levels of sugar (glucose) in your blood. Diabetes screenings can help identify diabetes.

Part B covers an annual diabetes screening, including a fasting blood glucose test and/or a post-glucose challenge test, if Medicare considers you at risk. If you have been diagnosed with pre-diabetes, Medicare covers two diabetes screening tests each year.

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HEART DISEASE SCREENINGS

Heart disease, also known as cardiovascular disease, generally refers to conditions that can lead to heart attack or stroke. Screening blood tests for cholesterol, lipid, and triglyceride levels can detect conditions that may lead to heart disease.

Part B covers blood tests for heart disease once every five years, when ordered by your provider. You do not need to show signs of heart disease or have any particular risk factors to qualify for these tests.

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HEPATITIS C SCREENINGS

Hepatitis C is a virus that attacks the liver and can cause chronic liver disease. Screening can help determine if you need medical treatment for hepatitis C.

Part B covers one hepatitis C screening if your PCP orders the test for you, and you:

- Were born between 1945 and 1965
- Had a blood transfusion before 1992
- Or, are considered high risk due to current or past history using federally prohibited, injectable substances

If you are considered high risk for hepatitis C, you also qualify for yearly screenings following the initial screening.

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HIV SCREENINGS

Human Immunodeficiency Virus (HIV) attacks the body's immune system and can lead to Acquired Immunodeficiency Syndrome (AIDS). Screening can help determine if you need medical treatment for HIV.

Part B covers an annual HIV screening if you are:

- Age 15-65
- Younger than 15 or older than 65, and at increased risk
- Or, pregnant

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IMMUNIZATIONS AND VACCINES

Medicare Part D covers most immunizations and vaccines. However, there are certain vaccinations that are always covered by Part B:

- **Influenza (flu) shots:** one flu shot every flu season.
- **Pneumococcal (pneumonia) shots:** first shot if you have never received part B coverage for a pneumonia shot before. A different, second vaccination 12 months after receiving the first shot.
- **Hepatitis B shots:** Vaccination if you are medium or high risk.



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LUNG CANCER SCREENINGS

Lung cancer generally refers to cancer that forms in the various tissues of the lungs. Lung cancer screenings include an annual Low-Dose computed Tomography (LDCT, also called low-dose CT) chest scan.

Part B covers an annual lung cancer screening and LDCT scan if all of the following apply:

- You are age 55-77
- You currently smoke or have quit smoking in the past 15 years
- You smoked or have smoked an average of one pack per day for at least 30 years
- You have no symptoms or signs of lung cancer
- And, you receive the screening and LDCT scan at a Medicare-approved radiology facility

Before your first screening and LDCT scan, you must have a visit with your PCP to discuss the benefits and risks of the scan. Your PCP will also provide counseling on smoking risks and smoking cessation services when appropriate.

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MAMMOGRAM SCREENINGS

Mammograms can detect abnormal tissue and breast cancer.

If you do not have symptoms of prior history of breast cancer, Part B covers:

- One baseline mammogram for women age 35-39
- One annual screening mammogram for women age 40+



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MEDICAL NUTRITION THERAPY

Medical nutrition therapy (MNT) can help you better manage certain conditions through dietary counseling and changes to your eating habits.

Part B covers MNT services if you get a referral from your PCP, see a registered dietician or other qualified nutrition specialist, and have one of the following conditions:

- Diabetes
- Chronic renal disease
- Or, have had a kidney transplant in the past three years

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PAP SMEARS, PELVIC EXAMS, AND BREAST EXAMS

Pap smears can detect cervical or vaginal cancer in its early stages. They can also screen for sexually transmitted infections (STIs), fibroids, and various types of vaginal problems. The pelvic exam includes a breast examination, which can help detect signs of breast cancer.

Part B covers a Pap smear, pelvic exam, and breast exam once every 24 months for all women. You may be eligible for an exam every 12 months if Medicare considers you at risk.

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PROSTATE CANCER SCREENINGS

Prostate cancer screenings can detect prostate cancer in its early stages.

Part B covers one annual prostate cancer screening for all men age 50+. The prostate cancer screening includes a digital rectal exam (DRE) and a prostate-specific antigen (PSA) test.

19

SEXUALLY TRANSMITTED INFECTION SCREENING AND COUNSELING

Sexually transmitted infections (STIs) are infections transmitted through sexual contact, such as gonorrhea or syphilis. Screening and counseling may help identify, manage, and treat STIs.

Part B covers screening tests for chlamydia, gonorrhea, syphilis, and/or hepatitis B if you are at high or increased risk of contracting an STI or pregnant. STI screenings are covered annually if you receive a referral from your PCP or at certain times during pregnancy.

Medicare also covers up to two face-to-face counseling sessions for sexually active adolescents and adults at increased risk for STIs, when they receive a referral from their PCP. These sessions may help prevent STIs by providing education on how to minimize risky sexual behavior. STI counseling should be provided in a primary care setting, such as a doctor's office.

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SMOKING CESSATION COUNSELING

Smoking cessation counseling can help you quit smoking.

- Part B covers two smoking cessation counseling attempts each year if you use tobacco. Each counseling attempt includes up to four face-to-face sessions with your provider, for a total of up to eight sessions.

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WELCOME TO MEDICARE PREVENTIVE VISIT

The Welcome to Medicare preventive visit is a one-time appointment you can choose to receive when you are new to Medicare. The aim of the visit is to promote general health and help prevent diseases.

- Part B covers your one-time Welcome to Medicare preventive visit. Note that you must receive this visit within the first 12 months of your Part B enrollment.

Services Original Medicare Covers **With** a Deductible or Coinsurance

01

COLORECTAL CANCER SCREENINGS

Part B covers a barium enema once every 24 months if you are age 50+ and at high risk, or once every 48 months if you are age 50+ and not at high risk (but not within 48 months of a flexible sigmoidoscopy)

02

DIABETES SELF-MANAGEMENT TRAINING

If you have diabetes, self-management training may help you eat healthy, stay active, monitor your blood sugar, and generally reduce risks. Medicare covers training if you are at risk for complications from diabetes.

Part B covers up to 10 hours of self-management training during the first year you receive training. After your first year, Medicare covers up to two hours of additional training annually.

03

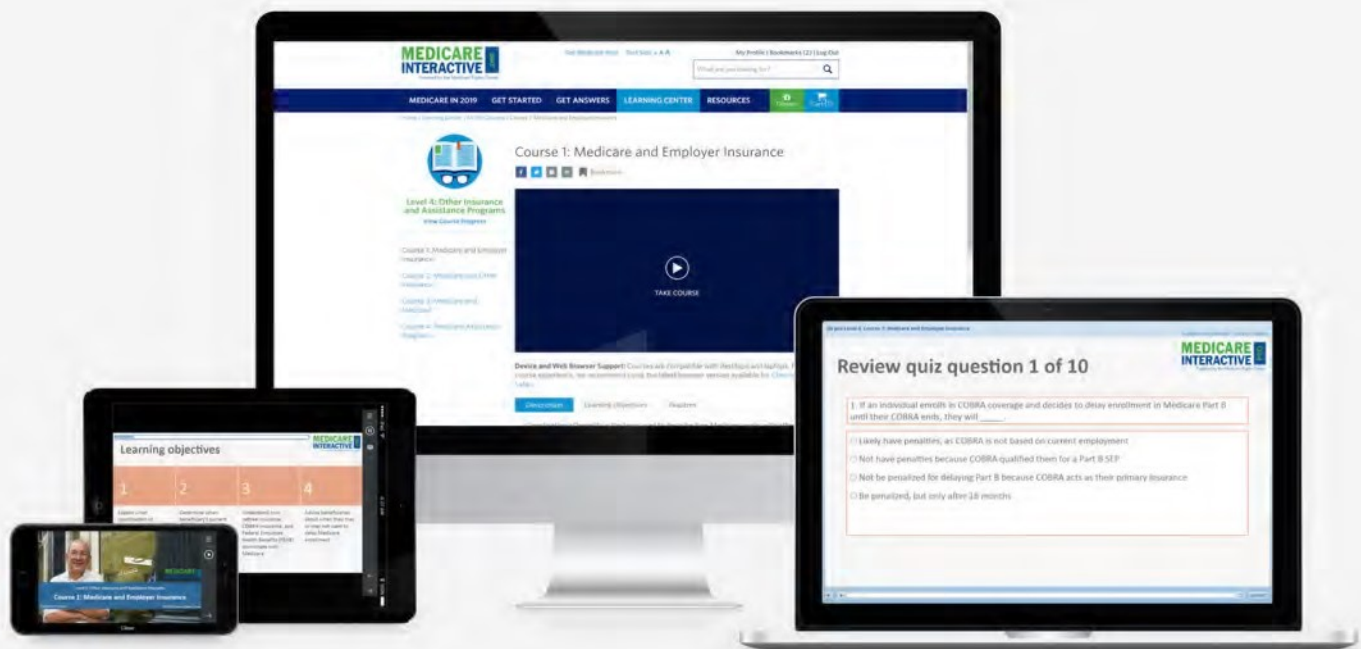
GLAUCOMA SCREENINGS

Glaucoma is a group of eye diseases in which damage to the nerve located in the back of the eye (the optic nerve) leads to vision loss. Screening can help determine if you need medical treatment for glaucoma.

Part B covers an annual glaucoma screening if you are considered at high risk for glaucoma. This screening must be performed or supervised by an eye doctor who is licensed to provide this service in your state.

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