

Understanding your Medicare preventive benefits

Preventive services help people lead healthy lives

The following charts provide an overview of the preventive services Medicare offers. Some of the covered services have no out-of-pocket costs (so long as your doctor accepts Medicare), while others may have some costs:

Medicare preventive doctor visits with no out-of-pocket costs

Service	What's covered	When it occurs	Who's covered
Welcome to Medicare visit*	Comprehensive doctor's visit (with referrals for other care if you need it) to get current on important, screenings, shots and talk about your family history	One-time visit within the first 12 months after you join Medicare Part B	This visit is only covered one time, and you must have the visit within the first 12 months you're enrolled in Medicare Part B
Yearly Wellness visit**	Develop or update a prevention plan with your doctor, based on your current health and risk factors	Once a year	All Medicare clients once 12 months have passed after first receiving Part B or within 12 months after their Welcome to Medicare visit

*When you make your appointment, tell your doctor's office you want to schedule your "**Welcome to Medicare**" exam.

The yearly "Wellness" visit is **not a routine annual physical exam. Medicare does not cover routine physicals.

Medicare preventive services with no out-of-pocket costs

The following services are available to Medicare clients who meet the coverage criteria below. Be sure to read the section on "Preventive Services" in your current *Medicare and You* booklet for more details about what's covered.

Note: Additional provider tests or services could add costs. Be sure to ask your provider before you run these or other tests and services.

Preventive services	What's covered	Who's covered
Abdominal aortic aneurysm screening	Ultrasound	<ul style="list-style-type: none"> Medicare clients with certain risk factors for abdominal aortic aneurysm You must get a referral for it as part of your one-time "Welcome to Medicare" preventive visit
Alcohol misuse screening and counseling	<ul style="list-style-type: none"> One alcohol misuse screening per year Four face-to-face counseling sessions per year if primary care provider determines misuse of alcohol 	Medicare clients (including pregnant women) who use alcohol, but don't meet the medical criteria for alcohol dependency
Bone mass measurements	Bone density measurement covered once every 24 months (more often if medically necessary)	Medicare clients who have certain medical conditions or who meet certain criteria

Preventive services	What's covered	Who's covered
Breast cancer screening (mammograms)	Screening mammograms to check for breast cancer once every 12 months	<ul style="list-style-type: none"> • Screening for all women with Medicare who are age 40 and older • One baseline mammogram for women between ages 35-39
Cardiovascular disease (behavioral therapy)	One visit per year	All Medicare clients
Cardiovascular disease screenings	One screening test every five years for: <ul style="list-style-type: none"> • Lipids • Cholesterol • Lipoprotein • Triglycerides 	All Medicare clients without signs or symptoms of cardiovascular disease
Cervical and vaginal cancer screening	<ul style="list-style-type: none"> • Pap tests and pelvic exams to screen for cervical and vaginal cancers • Clinical breast exam to check for breast cancer • Human Papillomavirus test (as part of Pap tests) once every 5 years 	<ul style="list-style-type: none"> • All women on Medicare once every 24 months • Once every 12 months for high-risk women or women of child-bearing age with an abnormal pap test within the past 36 months
Colorectal cancer screening	<ul style="list-style-type: none"> • Fecal occult blood test • Flexible sigmoidoscopy • Screening colonoscopy 	All Medicare clients age 50+
Depression screening	Annual depression screening (if medical provider accepts Medicare)	All Medicare clients
Diabetes screening	Fasting blood glucose test	<ul style="list-style-type: none"> • Medicare clients at risk for diabetes • May qualify for up to 2 screenings per year
Flu shots	One flu shot per flu season	All Medicare clients
Hepatitis B shots	<ul style="list-style-type: none"> • Scheduled shots • Three shots needed for complete protection - check with doctor on when to get shots 	Medicare clients at medium or high risk for Hepatitis B

Preventive services	What's covered	Who's covered
Hepatitis C screening test	<ul style="list-style-type: none"> • One screening test • Repeat screenings for people who are high risk • Primary care doctor/provider must order screening test 	Medicare clients must meet one of these conditions: <ul style="list-style-type: none"> • High risk due to current/past history of illicit injection drug use • Blood transfusion before 1992 • Born between 1945-1965
Human Immunodeficiency Virus (HIV) screening	<ul style="list-style-type: none"> • HIV test once a year • HIV test up to 3 times during a pregnancy 	Medicare clients and pregnant women at increased risk for HIV
Lung cancer screening	<ul style="list-style-type: none"> • Once a year Low Dose Compute Tomography (LDCT) 	Medicare clients must meet these conditions: <ul style="list-style-type: none"> • Age 55-77 • Current smoker or quit within last 15 years • History of smoking an average of a pack/day for 30 years
Medical Nutrition Therapy	<ul style="list-style-type: none"> • 3 hours of one-on-one counseling services for the first year • 2 hours each year after that 	<ul style="list-style-type: none"> • Medicare clients with diabetes or renal disease, or who've had a kidney transplant within the last 3 years • Doctor must prescribe services and renew referral yearly if continue treatment into next calendar year
Obesity screening	<ul style="list-style-type: none"> • 15-minute face-to-face individual weight loss behavioral therapy sessions • 30-minute face-to-face group weight loss behavioral sessions 	Medicare clients with a body mass index of 30 or higher
Pneumococcal shot	<ul style="list-style-type: none"> • Once in a lifetime • May provide revaccinations based on risk 	All Medicare clients
Sexually transmitted infections (STI)	Screening and face-to-face counseling sessions	Medicare clients who are pregnant and for some clients who are at increased risk for an STI
Smoking and tobacco-use prevention cessation counseling	8 face-to-face counseling visits per 12-month period	Medicare clients who are not diagnosed with illness/complication due to tobacco use

Medicare preventive services with possible out-of-pocket costs

You may have to pay a deductible or coinsurance for the following services:

Preventive services	What's covered	Who's covered
Colorectal cancer screening	<ul style="list-style-type: none">• Barium enema once every 48 months• Screening once every 24 months if you're high risk	All Medicare clients age 50+
Diabetes self-management training	Diabetes self-management training	Medicare clients with diabetes who have a written order from medical provider
Glaucoma test	Glaucoma tests once every 12 months	Medicare clients at high risk for glaucoma: <ul style="list-style-type: none">• Clients with diabetes, family history of glaucoma• African Americans age 50+• Hispanics age 65+
Physical therapy/ occupational therapy/ speech language pathology services	<ul style="list-style-type: none">• Medically necessary outpatient physical and occupational therapy• Speech-language pathology services	All Medicare clients
Prostate cancer screenings	Prostate Specific Antigen test and a digital rectal exam once every 12 months	All men with Medicare age 50+
Tobacco-use cessation counseling	8 face-to-face visits in a 12-month period	Medicare clients who are diagnosed with illness/complication due to tobacco use, or take medicine that's affected by tobacco use

More Medicare prevention information

Medicare wellness visit:

www.medicare.gov/people-like-me/new-to-medicare/welcome-to-medicare-visit.html

Find a doctor who accepts Medicare in your area:

www.medicare.gov/physiciancompare/search.html

Need help with your Medicare benefits?

Talk with a Statewide Health Insurance Benefits Advisor (SHIBA). SHIBA provides free, unbiased and confidential help. Call our Insurance Consumer Hotline at 1-800-562-6900 and ask to speak with a SHIBA volunteer in your local area or visit us on the web at www.insurance.wa.gov/shiba.

SHIBA is a free, unbiased service of the Washington State Office of the Insurance Commissioner
Visit us on Facebook (www.facebook.com/WSOIC)



This publication may have been partially funded by grants from the Centers for Medicare & Medicaid Services and the US Administration for Community Living.

LOCAL HELP FOR PEOPLE WITH MEDICARE