

Medicare Preventive Services

Beneficiary Resource

Service	Who Is Covered	Frequency	Beneficiary Pays
“Welcome to Medicare” Preventive Visit	All Medicare beneficiaries that are “new” to Medicare and have Part B	Once in a lifetime benefit per person <i>(Must be given in first 12 months at start of Part B)</i>	\$0
Yearly “Wellness” Visit	All Medicare beneficiaries with Part B	Once every 12 months	\$0
Abdominal Aortic Aneurysm Screening (an ultrasound)	All Medicare beneficiaries with a family history or certain risk factors. Must have a referral from physician.	Once in a lifetime benefit per eligible beneficiary	\$0
*Alcohol Misuse Screening and *Counseling	Medicare beneficiaries who misuse alcohol, but are not alcohol dependent	*One screening per year *If needed, 4 face-to-face counseling visits per year	\$0
Cardiovascular Disease			
*Screening	All Medicare beneficiaries	*Once every 5 years	\$0
*Behavioral Therapy	All Medicare beneficiaries	*Once every 12 months	\$0
*Cervical and Vaginal Cancer Screening (Includes Pap test, pelvic exam, and breast exam.)	All female Medicare beneficiaries	*Once every 2 years for all women *Annually if at high-risk, or abnormal Pap test within the past 3 years	\$0
Colorectal Cancer Screenings and Tests			
*Barium Enema	*Medicare beneficiaries aged 45 and older, not high risk *High risk Medicare beneficiaries age 45+, as an alternative to a high-risk screening colonoscopy	*Every 4 years if not at high risk; every 24 months at high risk	*20% coinsurance to doctor, and *Copayment if in an outpatient hospital
*Blood-Based Biomarker Test	People with Medicare who meet all the following criteria: *Between 45-85, who show no symptoms of colorectal disease *Are at average risk	*Once every 3 years	\$0
*Colonoscopy	No minimum age requirement	*Every 24 months at high risk *Every 10 years if not at high risk *4 years after a previous flexible sigmoidoscopy	*No charge for test *15% of the Medicare-approved amount for doctor’s services if biopsy/growth removal is needed *15% coinsurance if in an outpatient setting
*Fecal Occult	Medicare beneficiaries aged 45 and older	*Annually	*Must have a referral from physician or practitioner



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*Flexible Sigmoidoscopy	Medicare beneficiaries aged 45 and older	*Every 4 years for high-risk individuals, or once every 10 years after a screening colonoscopy,	\$0
*Multi-Target Stool DNA Test	Age 45-85 with an average risk for colorectal cancer and no history or symptoms of colorectal disease	*Once every 3 years	\$0
*Depression Screening	All Medicare beneficiaries	*One screening per year *Follow-up treatment and referrals provided	\$0
*Diabetes Screening	All Medicare beneficiaries who are at risk for diabetes	*Two tests per year (based on results of screening tests)	\$0
*Diabetes Self-Management Training	Medicare beneficiaries with diabetes	*Ten hours of initial training within a 12-month period *Subsequent years: 2 hours of training each year	*20% coinsurance *Part B deductible (\$257)
Glaucoma Screening	All Medicare beneficiaries whose doctor indicates they are at high risk for glaucoma	Once every 12 months	*20% coinsurance to doctor *Part B deductible (\$257) *Copayment in hospital outpatient setting
*Hepatitis B Screening	Medicare beneficiaries who are at high risk for HBV infection <u>or</u> are pregnant.	*Once every 12 months for high risk *At the first prenatal visit, time of delivery if pregnant	\$0
*Hepatitis C Screening	People with Medicare who meet at least <u>one</u> of the following: *Born between 1945-1965 *At high risk due to current or history of illicit injection drug use *At high risk due to a blood transfusion prior to 1992	*This is a one-time benefit *Annual repeat screening for certain people at high risk	\$0 Must be ordered by a primary care doctor or practitioner
HIV Screening	Medicare beneficiaries at risk, who are pregnant, or anyone asking for the test	Once every 12 months, or 3 times during a pregnancy	\$0
*Lung Cancer Screening with (LDCT) Low Dose Computed Tomography	Medicare beneficiaries who meet <u>all</u> the following criteria: *Are age 50-77, a current smoker or quit smoking in the last 15 yrs., no cancer signs. *A smoking history of one pack a day for 20 years; and *Received a written order from a physician or qualified non-physician practitioner	*One screening per year	\$0



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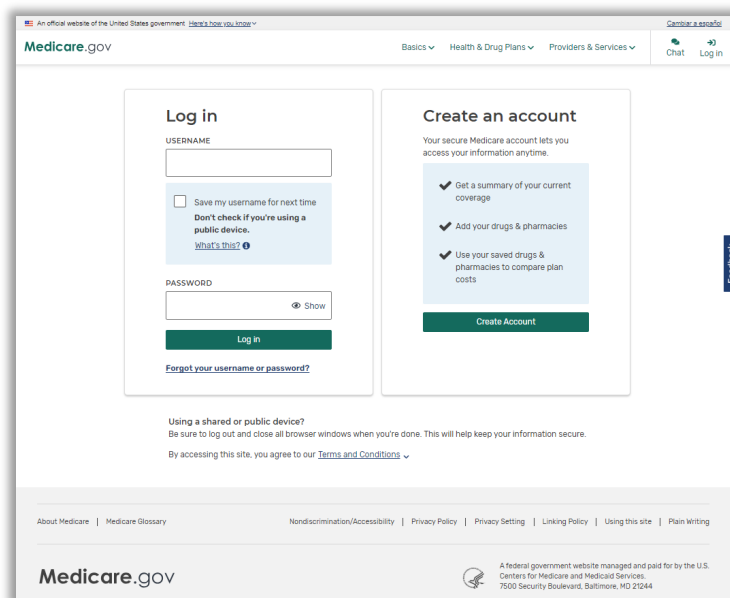
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Service	Who Is Covered	Frequency	Beneficiary Pays	
Mammograms				
Screening	All female Medicare beneficiaries aged 40 or older	Once every 12 months	*\$0	
Diagnostic	Female Medicare beneficiaries ages 35-39	One baseline mammogram; more often if medically necessary	*20% of the Medicare-approved amount	
Medicare Diabetes Prevention Program	All Medicare beneficiaries with Part B or a Medicare Advantage Plan; show specific results within 12 months of their first session; have a body mass index of 25+; have no history of diabetes or been diagnosed with ESRD; and have never participated in the program	Once in a lifetime benefit per eligible beneficiary	\$0	
*Medical Nutrition Therapy	Medicare beneficiaries with diabetes, kidney disease, or had a kidney transplant in last 3 years. Must have a referral.	*First year: 3 hours of face-to-face counseling *Subsequent years: 2 hours per year	\$0	
Obesity Screening and Counseling	Medicare beneficiaries with a body mass index of 30 or more	Individual and group counseling visits to help with weight loss	\$0	
*Prostate Cancer Screening	All male beneficiaries 50 or older (<i>coverage begins the day after 50th birthday</i>)	Once every 12 months: *Digital Exam *PSA test	*20% coinsurance (digital) *Part B deductible (\$257) *No charge for PSA test	
Sexually Transmitted Infections (STI) Screenings	People with Medicare who are at risk of STI or pregnant	Once every 12 months or certain times during pregnancy	\$0	
SHOTS:				Note: Medicare Advantage Plan vaccine costs will vary depending on the type of shot, and if you have an in-network or out-of-network provider administer the injection.
*COVID19	Medicare beneficiaries 5 and older may receive the updated Moderna or Pfizer-BioNTech vaccine	*1 or 2 doses, depending on past doses *Immunocompromised may receive 3 doses	\$0	
Hepatitis B	Medicare beneficiaries at medium or high risk for hepatitis B	Scheduled dosages required (3 shots needed for complete protection)	\$0	
Influenza (Flu)	All Medicare beneficiaries	Once per season in the fall or winter (<i>additional shots provided if necessary</i>)	\$0	
*Pneumococcal	All Medicare beneficiaries (A series of two shots is recommended)	Two vaccines are covered: *Pnevnar13 - Initial vaccine *Pneumovax23 – Second vaccine 11 months later	\$0	
Tobacco Use Cessation Counseling	Medicare beneficiaries who use tobacco	Eight face-to-face sessions in a 12-month period	\$0	

Your Guide to Medicare's Preventive Services (CMS pub. #10110). A helpful resource that provides an explanation of each covered service, how many times a year the service is covered, and the costs involved.



MyMedicare.gov – Personalized Medicare information is available to beneficiaries or their representatives on the <http://MyMedicare.gov> website. Individuals may track their own health care claims, check their Part B deductible status, view eligibility information, track preventive services, etc.



The screenshot shows the Medicare.gov website interface. At the top, there's a navigation bar with links for Basics, Health & Drug Plans, Providers & Services, Chat, and Log in. The main content area is divided into two sections: 'Log in' and 'Create an account'. The 'Log in' section has a 'USERNAME' field, a checkbox for 'Save my username for next time', a 'PASSWORD' field with a 'Show' toggle, and a 'Log in' button. Below the login fields is a link for 'Forgot your username or password?'. The 'Create an account' section has a heading 'Create an account' and a subheading 'Your secure Medicare account lets you access your information anytime.' It lists three benefits: 'Get a summary of your current coverage', 'Add your drugs & pharmacies', and 'Use your saved drugs & pharmacies to compare plan costs'. There is a 'Create Account' button at the bottom of this section. At the bottom of the page, there's a footer with links for 'About Medicare', 'Medicare Glossary', 'Nondiscrimination/Accessibility', 'Privacy Policy', 'Privacy Setting', 'Linking Policy', 'Using this site', and 'Plain Writing'. The Medicare.gov logo is also present in the footer.