



Getting Medicare right

Medicare-Covered Preventive Services

If you have Original Medicare, you pay no coinsurance or deductible for certain preventive services if you see a doctor who participates in Medicare. Medicare Advantage plans must also cover the full cost for these services as long as you follow the plan’s rules. Call your plan for details.

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. For example, if your doctor removes a polyp during a colonoscopy, the colonoscopy will be considered diagnostic and costs may apply.

Services Medicare Covers Without a Coinsurance or Deductible

Care	Service and Frequency
Abdominal Aortic Aneurysm (AAA)	Ultrasound screening: Once in a lifetime if you are considered at high risk. AAA ultrasound only covered as a referral from the Welcome to Medicare Visit; and only if you were never screened for AAA before referral.
Alcohol Misuse Counseling	Counseling to ensure you don’t develop dependence on alcohol: Four brief counseling sessions in a primary care setting per year if your primary care provider believes you consume too many alcoholic beverages per week.
Annual Wellness Visit	A yearly visit with your primary care provider to update or develop a 5-10 year prevention schedule based on your needs. Patients complete a health risk assessment questionnaire that looks at your health status, injury risks, and urgent health needs. Not a head-to-toe physical. Cannot happen in the same 12 months as your Welcome to Medicare visit.
Breast Cancer Screenings	Mammogram screening: Once every 12 months for women age 40+; women between ages 35 and 39 can get one baseline mammogram. Note: Medicare Advantage plans can’t require you to get a referral for mammograms.
	Breast examination: Once every 24 months; if at risk, once every 12 months.
Cervical Cancer Screenings	Pap smear and pelvic examination: Once every 24 months; if at risk, once every 12 months.
Colon Cancer Screenings	Fecal occult blood test: Once every 12 months for people age 50 and older.
	Colonoscopy: Once every 10 years (or 48 months after a previous flexible sigmoidoscopy); once every 24 months if you are at high risk.
	Flexible sigmoidoscopy: Once every 48 months but not within 120 months (10 years) of a screening colonoscopy for people not at high risk

Services Medicare Covers Without a Coinsurance or Deductible – cont.

Depression Screening	Once every 12 months in a primary care setting. May involve a questionnaire to identify risk factors or symptoms.
Diabetes Screenings	Screening lab test: Once every 12 months if you have a family history or are at risk for diabetes. Twice a year if you have been diagnosed with pre-diabetes.
HIV Screening	Screening lab test: Covered for persons with Medicare once every 12 months or up to 3 times during a pregnancy.
Heart Disease Screening	Blood tests to screen for cholesterol, lipid, lipoprotein and triglyceride levels: once every five years.
	Risk Reduction Visit: Once every 12 months, your primary care provider gives you advice to reduce your risk of health disease.
Medical Nutritional Therapy	Therapy to help you learn to eat well so you can better manage your illness. With a doctor's referral, people with diabetes, chronic renal disease, or those who have had a kidney transplant in the past 36 months can receive three hours of therapy in the first year and two hours every year thereafter.
Obesity Counseling	If you have a Body Mass Index (BMI) of 30 or more, you qualify for intensive behavior counseling in your primary care provider's office to help you lose weight.
Osteoporosis Screening	Bone mass measurements: Bone mass measurements: Once every 24 months for people who are at risk for osteoporosis and meet certain requirements.
Prostate Cancer Screenings	Prostate specific antigen (PSA) test: One every 12 months for men age 50 or older.
Sexually transmitted infection (STI) screenings and counseling	STI screening and counseling is free for people with Medicare who are pregnant and/or considered high risk.
	Chlamydia, gonorrhea & syphilis: Once every 12 months if you qualify or at certain times when you are pregnant and the tests are ordered by your primary care provider.
	Hepatitis B: Only once during the first prenatal visit of all pregnant beneficiaries.

Services Medicare Covers Without a Coinsurance or Deductible – cont.

Smoking Cessation	Counseling to stop smoking for people without smoking-related illnesses: Covers 2 quitting attempts per year; each attempt includes 4 counseling sessions.
Vaccinations	Pneumonia shot*: Most people need only one shot in their lifetime.
	Flu shot*: Once a season.
	Hepatitis B shot: Only for people at medium to high risk.
Welcome to Medicare Visit	A one-time visit with your primary care provider designed to map out your health needs and to help create a preventive plan or checklist to keep you healthy. Not a head-to-toe physical. Covered if you receive the exam within 12 months of enrollment in Medicare Part B.

Services Original Medicare Covers With Coinsurances or Deductibles

Care	Service and Frequency	What You Pay
Glaucoma Screening	Once every 12 months if you are at high risk.	20 percent after you pay your Part B deductible
Colon Cancer Screening	Barium enema: Once every 48 months or every 24 months if you are at high risk when used instead of a colonoscopy or sigmoidoscopy.	20 percent before you pay your Part B deductible
Prostate Cancer Screening	Digital rectal exam: Once every 12 months for men age 50 and older.	20 percent after you pay your Part B deductible
Diabetes Self-Management Training	10 hours of training during your first year after being diagnosed with diabetes or risk complications from diabetes.	20 percent after you pay your Part B deductible

The costs listed on the chart above are for people in Original Medicare. If you're in a Medicare Advantage plan, check with your plan to find out how much you'll pay for these services.

Note: Diabetes testing supplies like test strips, glucose monitors and lancets are covered by Medicare Part B with a 20 percent coinsurance. If you have your diabetes supplies sent to you in the mail, Medicare's National Mail-Order Program for diabetic testing supplies requires you to order from a national mail-order contract supplier, no matter where you live. If you pick up diabetic supplies from a local store or pharmacy, you can continue to do so, but make sure it accepts assignment. Remember, syringes and insulin are covered by Medicare Part D.