

# 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  |
|-----------------------------------|---|--|--|
| <b>Welcome to Medicare visit*</b> | 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         |
| <b>Yearly Wellness visit**</b>    | 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   |
|--|---|---|
| <b>Abdominal aortic aneurysm screening</b>     | Ultrasound  | <ul style="list-style-type: none"> <li>Medicare clients with certain risk factors for abdominal aortic aneurysm</li> <li>You <b>must get a referral</b> for it as part of your one-time "Welcome to Medicare" preventive visit</li> </ul> |
| <b>Alcohol misuse screening and counseling</b> | <ul style="list-style-type: none"> <li>One alcohol misuse screening per year</li> <li>Four face-to-face counseling sessions per year if primary care provider determines misuse of alcohol</li> </ul> | Medicare clients (including pregnant women) who use alcohol, but don't meet the medical criteria for alcohol dependency   |
| <b>Bone mass measurements</b>                  | 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   |

| <b>Preventive services</b>                         | <b>What's covered</b>   | <b>Who's covered</b>   |
|--|---|--|
| <b>Breast cancer screening (mammograms)</b>        | Screening mammograms to check for breast cancer once every 12 months  | <ul style="list-style-type: none"> <li>• Screening for all women with Medicare who are age 40 and older</li> <li>• One baseline mammogram for women between ages 35-39</li> </ul>  |
| <b>Cardiovascular disease (behavioral therapy)</b> | One visit per year  | All Medicare clients   |
| <b>Cardiovascular disease screenings</b>           | One screening test every five years for: <ul style="list-style-type: none"> <li>• Lipids</li> <li>• Cholesterol</li> <li>• Lipoprotein</li> <li>• Triglycerides</li> </ul>  | All Medicare clients without signs or symptoms of cardiovascular disease   |
| <b>Cervical and vaginal cancer screening</b>       | <ul style="list-style-type: none"> <li>• Pap tests and pelvic exams to screen for cervical and vaginal cancers</li> <li>• Clinical breast exam to check for breast cancer</li> <li>• Human Papillomavirus test (as part of Pap tests) once every 5 years</li> </ul> | <ul style="list-style-type: none"> <li>• All women on Medicare once every 24 months</li> <li>• Once every 12 months for high-risk women or women of child-bearing age with an abnormal pap test within the past 36 months</li> </ul> |
| <b>Colorectal cancer screening</b>                 | <ul style="list-style-type: none"> <li>• Fecal occult blood test</li> <li>• Flexible sigmoidoscopy</li> <li>• Colonoscopy</li> <li>• Blood-based bio marker test</li> <li>• Multi-target stool DNA test</li> </ul>  | <ul style="list-style-type: none"> <li>• All Medicare clients age 45+</li> </ul>   |
| <b>COVID-19 vaccines</b>                           | FDA-approved and -authorized COVID-19 vaccines  | All Medicare clients   |
| <b>Depression screening</b>                        | Annual depression screening (if medical provider accepts Medicare)  | All Medicare clients   |
| <b>Diabetes screening</b>                          | Fasting blood glucose test  | <ul style="list-style-type: none"> <li>• Medicare clients at risk for diabetes</li> <li>• May qualify for up to 2 screenings per year</li> </ul>   |
| <b>Flu shots</b>                                   | One flu shot per flu season   | All Medicare clients   |
| <b>Hepatitis B shots</b>                           | <ul style="list-style-type: none"> <li>• Scheduled shots</li> <li>• Three shots needed for complete protection - check with doctor on when to get shots</li> </ul>  | Medicare clients at medium or high risk for Hepatitis B  |

| Preventive services  | What's covered  | Who's covered   |
|--|---|---|
| <b>Hepatitis C screening test</b>                              | <ul style="list-style-type: none"> <li>• One screening test</li> <li>• Repeat screenings for people who are high risk</li> <li>• Primary care doctor/provider must order screening test</li> </ul>    | Medicare clients must meet one of these conditions: <ul style="list-style-type: none"> <li>• High risk due to current/past history of illicit injection drug use</li> <li>• Blood transfusion before 1992</li> <li>• Born between 1945-1965</li> </ul>                            |
| <b>Human Immunodeficiency Virus (HIV) screening</b>            | <ul style="list-style-type: none"> <li>• HIV test once a year</li> <li>• HIV test up to 3 times during a pregnancy</li> </ul>   | Medicare clients and pregnant women at increased risk for HIV   |
| <b>Lung cancer screening</b>                                   | <ul style="list-style-type: none"> <li>• Once a year Low Dose Compute Tomography (LDCT)</li> </ul>  | Medicare clients must meet these conditions: <ul style="list-style-type: none"> <li>• Age 55-77</li> <li>• No signs/symptoms of lung cancer</li> <li>• Current smoker or quit within last 15 years</li> <li>• History of smoking an average of a pack/day for 20 years</li> </ul> |
| <b>Medicare Diabetes Prevention Program</b>                    | <ul style="list-style-type: none"> <li>• Weekly group sessions over 6-month period</li> <li>• 6 monthly follow-up sessions</li> </ul>   | <ul style="list-style-type: none"> <li>• A1C test between 5.7 &amp; 6.4%</li> <li>• BMI of 25 or more</li> <li>• Never diagnosed with Type 1 or 2 diabetes or ESRD</li> <li>• Never participated in the Medicare Diabetes Prevention Program</li> </ul>                           |
| <b>Medical Nutrition Therapy</b>                               | <ul style="list-style-type: none"> <li>• 3 hours of one-on-one counseling services for the first year</li> <li>• 2 hours each year after that</li> </ul>  | <ul style="list-style-type: none"> <li>• Medicare clients with diabetes or renal disease, or who've had a kidney transplant within the last 3 years</li> <li>• Doctor must prescribe services and renew referral yearly if continue treatment into next calendar year</li> </ul>  |
| <b>Obesity screening</b>                                       | <ul style="list-style-type: none"> <li>• 15-minute face-to-face individual weight loss behavioral therapy sessions</li> <li>• 30-minute face-to-face group weight loss behavioral sessions</li> </ul> | Medicare clients with a body mass index of 30 or higher   |
| <b>Pneumococcal shot</b>                                       | <ul style="list-style-type: none"> <li>• Once in a lifetime</li> <li>• May provide revaccinations based on risk</li> </ul>  | All Medicare clients  |
| <b>Sexually transmitted infections (STI)</b>                   | Screening and face-to-face counseling sessions  | Medicare clients who are pregnant and for some clients who are at increased risk for an STI   |
| <b>Smoking and tobacco-use prevention cessation counseling</b> | 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   |
|---|---|---|
| <b>Colorectal cancer screening</b>  | <ul style="list-style-type: none"><li>Barium enema once every 48 months or once every 24 months if you're high risk</li></ul>                               | All Medicare clients age 50+  |
| <b>Diabetes self-management training</b>  | Diabetes self-management training   | Medicare clients with diabetes who have a written order from medical provider   |
| <b>Glaucoma test</b>  | Glaucoma tests once every 12 months   | Medicare clients at high risk for glaucoma: <ul style="list-style-type: none"><li>Clients with diabetes, family history of glaucoma</li><li>African Americans age 50+</li><li>Hispanics age 65+</li></ul> |
| <b>Physical therapy/ occupational therapy/ speech language pathology services</b> | <ul style="list-style-type: none"><li>Medically necessary outpatient physical and occupational therapy</li><li>Speech-language pathology services</li></ul> | All Medicare clients  |
| <b>Prostate cancer screenings</b>   | Prostate Specific Antigen test and a digital rectal exam once every 12 months   | All men with Medicare age 50+   |
| <b>Tobacco-use cessation counseling</b>   | 8 face-to-face visits in a 12-month period  | Medicare clients who use tobacco  |

## More Medicare prevention information

Medicare wellness visit:

[www.medicare.gov/coverage/yearly-wellness-visits](http://www.medicare.gov/coverage/yearly-wellness-visits)

Find a doctor who accepts Medicare in your area:

[www.medicare.gov/care-compare/](http://www.medicare.gov/care-compare/)

## 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](http://www.insurance.wa.gov/shiba).

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