



Getting Medicare right



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare's Preventive Care Services

Medicare covers many preventive care services to help you understand and promote your health and wellbeing. If you have Original Medicare you will have no coinsurance or deductible for certain preventive care services if you see a health care provider who accepts assignment. Doctors who accept assignment cannot charge you more than the Medicare approved amount. If you are in a Medicare Advantage Plan, your plan will not be able to charge you for preventive care services that are free for people with Original Medicare as long as you see in-network providers. For a comprehensive list of Medicare's preventive services go to <https://www.medicare.gov/coverage/preventive-and-screening-services.html>.

Services Medicare Covers Without a Coinsurance or Deductible

Care	Service and Frequency
Abdominal Aortic Aneurysm (AAA)	Ultrasound screening: Covers a one-time screening if you are at risk, were never screened for AAA before, and are referred by your provider.
Alcohol Misuse Counseling	Counseling to ensure you don't develop alcohol dependence: Four brief counseling sessions in a primary care setting per year if your primary care provider believes you consume too many alcoholic drinks per week.
Annual Wellness Visit	A yearly visit with a health care provider to update or develop a 5- to 10-year prevention schedule based on your needs. Patients complete a health risk assessment questionnaire that takes into account 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 a referral for mammograms.
	Breast examination: Once every 24 months generally; if at risk, once every 12 months.
Cervical Cancer Screenings	Pap smear and pelvic examination: Once every 24 months generally; if at risk, once every 12 months.

SHIP National Technical Assistance Center: 877-839-2675|www.shiptacenter.org| info@shiptacenter.org

SMP National Resource Center: 877-808-2468| www.smpresource.org| info@smpresource.org

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Services Medicare Covers Without a Coinsurance or Deductible Cont.

Care	Service and Frequency
Colon Cancer Screenings	<p>Fecal occult blood test: Once every 12 months for people age 50 and older.</p> <p>Colonoscopy: Once every 10 years (or 48 months after a previous flexible sigmoidoscopy); once every 24 months if you are at high risk.</p> <p>Flexible sigmoidoscopy: Once every 48 months but not within 120 months (10 years) of a screening colonoscopy for people not at high risk.</p> <p>DNA Stool Test (like Cologuard TM): Covered once every 3 years for asymptomatic average risk beneficiaries between 50 and 85 years old.</p>
Depression Screening	<p>Discussion with your doctor once every 12 months in a primary care setting. May involve a questionnaire to identify risk factors or symptoms.</p>
Diabetes Screenings	<p>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.</p>
HIV Screening	<p>Screening lab test: Covered for persons with Medicare once every 12 months or up to 3 times during a pregnancy.</p>
Heart Disease Screening	<p>Blood tests to screen for cholesterol, lipid, lipoprotein, and triglyceride levels: Once every five years.</p> <p>Risk Reduction Visit: Once every 12 months; your primary care provider gives you advice to reduce your risk of heart disease.</p>
Hepatitis C Screening	<p>One-time blood test: For people who were born between 1945 and 1965, had a blood transfusion before 1992, or are considered high risk due to current or past history of illegal injectable drug use. High risk individuals also qualify for yearly screenings following the initial test.</p>
Lung Cancer Screening	<p>If you are a heavy smoker and show no symptoms of cancer, you may qualify for a yearly Low Dose Computed Tomography chest scan (LDCT, also called Low Dose CT).</p>
Medical Nutritional Therapy	<p>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 each following year.</p>

Services Medicare Covers Without a Coinsurance or Deductible Cont.

Care	Service and Frequency
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, and syphilis: Once every 12 months if you qualify or at certain times when you are pregnant. Hepatitis B: Only once during the first prenatal visit of all pregnant beneficiaries.
Smoking Cessation	Counseling to stop smoking for people without smoking-related illnesses: Covers two quitting attempts per year; each attempt includes four counseling sessions.
Vaccinations	Pneumonia shot: Covers both vaccines received at least 12 months apart. 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 a health 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.



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Services Original Medicare Covers With a Coinsurance or Deductible

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 and 2 additional hours each year if training is provided in a group of 2 to 20 people.	20 percent after you pay your Part B deductible

Note: If you have a Medicare Advantage Plan, contact your plan to find out how much you'll pay for these services.

Contact your State Health Insurance Assistance Program (SHIP) if you need help making coverage changes or understanding your options. If you receive suspicious offers or charges, contact your Senior Medicare Patrol (SMP) to discuss potential abuse or fraud.

Local SHIP Contact Information

SHIP toll-free:

SHIP email:

SHIP website:

To find a SHIP in another state:

Call 877-839-2675 or visit www.shiptacenter.org.

Local SMP Contact Information

SMP toll-free:

SMP email:

SMP website:

To find an SMP in another state:

Call 877-808-2468 or visit www.smpresource.org.

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