

Medicare Preventive Benefits

Medicare Part B pays for preventive care to help you stay healthy.

Talk to your doctor to see if these benefits are right for you.

<p>Abdominal Aortic Aneurysm Screening</p>	<p>Medicare covers a one-time abdominal aortic aneurysm ultrasound for people at risk <i>and</i> have a referral from your provider. You are considered a risk if you have a family history of abdominal aortic aneurysms, or you're a man age 65-75 and have smoked at least 100 cigarettes in your lifetime. You must get a referral from your doctor, doctor assistant, nurse practitioner or clinical nurse specialist for Medicare to cover this screening. You pay nothing if your qualified health care provider accepts assignment.</p>
<p>Alcohol Misuse Screening & Counseling</p>	<p>Medicare covers one alcohol misuse screening per year. People on Medicare whose primary care provider determines they are misusing alcohol, but don't meet the medical criteria for alcohol dependency, can get up to 4 brief face-to-face counseling sessions per year. You pay nothing if the doctor or health care provider accepts assignment.</p>
<p>Bone Mass Measurement</p>	<p>This test helps to see if you are at risk for broken bones. Medicare covers this test for those at risk for osteoporosis and meet one of the following conditions:</p> <ul style="list-style-type: none"> • estrogen deficient and at risk for osteoporosis • x-rays show possible osteoporosis, osteopenia, or vertebral fractures • take prednisone or steroid-type drugs or is planning to begin treatment • been diagnosed with hyperparathyroidism • being monitored to see if osteoporosis drug therapy is working <p>Medicare will cover this test once every 24 months; more often if medically necessary. You pay nothing for this test if your doctor accepts assignment.</p>
<p>Cardiovascular Behavioral Therapy</p>	<p>Medicare covers one visit per year with a primary care doctor in a primary care setting to help lower your risk for cardiovascular disease. During this visit your doctor may discuss aspirin use (if appropriate), check your blood pressure and make sure you are eating a healthy diet. You pay nothing if your doctor or other qualified provider accepts assignment.</p>
<p>Cardiovascular Disease Screenings</p>	<p>Medicare covers screening blood tests to check your cholesterol, lipid, lipoprotein, and triglyceride levels every 5 years. You pay nothing for these tests if your doctor accepts assignment.</p>

<p>Cervical & Vaginal Cancer Screening</p>	<p>Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the pelvic exam, Medicare also covers a clinical breast exam to check for breast cancer. Medicare covers these screening tests:</p> <ul style="list-style-type: none"> • Once every 24 months for all women • Once every 12 months for women at high risk <p>You pay nothing for Pap test or the pelvic and breast exams if the doctor accepts assignment</p> <p>Part B also covers Human Papillomavirus (HPV) tests (when received with a Pap test) once every 5 years if you're age 30-65 without HPV symptoms. You pay nothing for the Lab HPV with Pap test if your qualified health care provider accepts assignment.</p>
<p>Colorectal Cancer Screening</p>	<p>For all those enrolled in Medicare age 50 and older</p> <ul style="list-style-type: none"> • Barium enema can be substituted for sigmoidoscopy or colonoscopy once every four years if you're age 45 or older (or every two years if high risk). No Part B deductible. Medicare pays 80% of the approved amount for the doctor's services, in a hospital outpatient setting you also pay a copayment. • Fecal-Occult blood test covered annually if you're age 45 or older. No cost for the test. No Part B deductible. You pay nothing if your doctor accepts assignment. • Multi-target stool DNA test (like Cologuard™) for persons age 45 to 85 who show no signs or symptoms of colorectal disease and are at average risk for developing colorectal cancer. Medicare covers this test once every 3 years for people who meet all of the conditions. This test allows doctors to detect the presence of precancerous polyps or colorectal cancer. You pay nothing for this test if your qualified health care provider accepts assignment. • Flexible sigmoidoscopy once every four years if you're age 45 or older (or 10 years after a previous screening colonoscopy for those not at high risk). No Part B deductible. You pay nothing if your doctor accepts assignment. • Screening Colonoscopy for any age enrolled in Medicare if you are high risk. For average risk - Once every ten years, but not within four years after a screening flexible sigmoidoscopy for those age 45 or older. You pay nothing if your qualified healthcare provider accepts assignment. For high-risk - Once every two years, you pay nothing if your doctor accepts assignment.

	If the screening colonoscopy or flexible sigmoidoscopy results in the removal of a lesion or growth, the procedure is considered diagnostic and you may have to pay a coinsurance or copayment but the Part B deductible does not apply.
Counseling for tobacco disease prevention	Medicare covers up to 8 face-to-face visits in a 12-month period if you use tobacco. You pay nothing for the counseling sessions if your doctor or other qualified health practitioner accepts assignment.
COVID-19 vaccines	You pay nothing for the COVID-19 vaccine, but bring your red, white, and blue Medicare card with you when you get the vaccine so your health care provider or pharmacy can bill Medicare. If you're in a Medicare Advantage Plan, you must use the card from your plan to get your Medicare-covered services and, like other covered services, your plan may require that you get the vaccine from an in-network provider. If you're in a Medicare Advantage Plan, you pay nothing when you get the vaccine from an in-network provider.
Depression Screening	Medicare covers one depression screening per year. The screening must be done in a primary care setting that can provide follow-up treatment and referrals. You pay nothing if the doctor or health care provider accepts assignment.
Diabetes Screening	Medicare Part B covers these screening if your doctor determines you're at risk for diabetes or diagnosed with pre-diabetes. You may be eligible for up to two screenings each year. You pay nothing for the test if your doctor or other qualified health care provider accepts assignment.
Diabetes Self-Management Training (DSMT)	Medicare Part B covers outpatient diabetes self-management training (DSMT) if you have diabetes and a written order from their doctor or other health care provider. DSMT teaches you to cope with and manage your diabetes. Medicare may cover up to 10 hours of initial training and 9 hours of group training. You may also qualify for up to 2 hours of follow-up training each year. Medicare pays 80% of the approved amount after you meet the yearly Part B deductible.
Flu Vaccination	Annually (Medicare pays once a flu season, in the winter or fall. You do not have to wait 365 days since your last one.) You pay nothing if your doctor or health care provider accepts assignment for giving the shot.
Glaucoma Screening	Covered once every 12 months for people at high risk. You are at high risk if you have diabetes, a family history of glaucoma, are African-American and age 50 and older, or are Hispanic-American and age 65 and older. This screening must be done or supervised by an eye doctor who is legally allowed

	to do this test in your state. Medicare pays 80% of the approved amount after you meet the yearly Part B deductible. In hospital outpatient setting you also pay a copayment.
Hepatitis B Shots	Covered for those who are at medium or high risk. You pay nothing if your doctor or health care provider accepts assignment.
Hepatitis B Virus (HBV) Infection Screenings	Medicare covers an HBV screening once a year if ordered by your primary care doctor and you are at high risk for HVB infection or you're pregnant and you don't get a Hepatitis B shot. You pay nothing if your doctor or health care provider accepts assignment.
Hepatitis C Screening Test	Medicare covers one screening for people who meet at least one of these conditions: at high risk because of current or past history of illicit injection drug use, had a blood transfusion before 1992, those born between 1945 and 1965. Medicare covers a repeat screening for certain people at high risk if ordered by a primary care provider. You pay nothing if the provider accepts assignment.
HIV Screening	Medicare covers one HIV (Human Immunodeficiency Virus) screening every 12 months if you meet these conditions: <ul style="list-style-type: none"> • Age 15-65 • Younger than 15 or older than 65 and are at an increased risk for the virus Medicare covers the test once every 12 months or up to 3 times during a pregnancy. You pay nothing for the test , generally you pay 20% of the Medicare approved amount for the doctor's visit.
Lung Cancer Screening	Medicare will cover an annual LDCT lung cancer screening for those age 50-77 at high risk with no current signs or symptoms of lung cancer but a history of smoking at least one pack a day for 20 years or current smokers who have quit within the last 15 years. You pay nothing if the doctor accepts assignment.
Mammograms	A screening mammogram is covered for women age 40 and older enrolled in Medicare <ul style="list-style-type: none"> • once every 12 months (includes new digital technologies) • Women age 35-39 enrolled in Medicare get one baseline screening mammogram. You pay nothing for the test if the doctor accepts assignment.
Medical Nutritional Therapy Services	Covered for those with diabetes or kidney disease, or you have had a kidney transplant in the last 36 months , and your doctor refers you for this service. Includes a nutritional assessment, one-on-one nutritional counseling, help managing lifestyle factors that affect your diabetes, and follow-up visits to

	check on your progress in managing your diet. You pay nothing for these services if the doctor accepts assignment.
Medicare diabetes prevention program	Medicare covers a once-per-lifetime health behavior change program to help you prevent type 2 diabetes. (The program begins with weekly core sessions offered in a group setting over a 6-month period. Once you complete the core sessions, you'll get 6 monthly follow-up sessions to help you maintain healthy habits. If you started the Medicare Diabetes Prevention Program in 2021 or earlier, you'll get an additional 12 monthly sessions if you meet certain weight loss goals.) You can get these services from an approved Medicare Diabetes Prevention Program supplier. These suppliers may be traditional health care providers or organizations like community centers or faith-based organizations. To find a supplier or learn more about the program, visit Medicare.gov/coverage/medicare-diabetes-prevention-program . If you're in a Medicare Advantage Plan, contact your plan to find out where to get these services.
Obesity behavioral therapy	Medicare covers intensive counseling to help with weight loss for individuals who have a body mass index of 30 or more. This counseling may be covered if it is done in a primary care setting, where it can be coordinated with a comprehensive prevention plan. You pay nothing if your doctor or health care provider accepts assignment.
Pneumococcal (Pneumonia) Vaccine	<ul style="list-style-type: none"> • Medicare covers an initial pneumococcal vaccine to prevent pneumococcal infections. A different, second shot, is covered one year later (usually PCV13 or Prevnar 13®). These vaccines can be provided without a physician's order or supervision. You pay nothing if your doctor or health care provider accepts assignment for giving the shot.
Prostate Cancer Screenings	<p>Medicare covers prostate cancer screening tests once every 12 months for men over age 50 (beginning the day after your 50th birthday). Covered screenings include:</p> <ul style="list-style-type: none"> • Digital rectal exam – Medicare pays 80% of the approved amount for a digital rectal exam and for your doctor's services related to the exam and the Part B deductible applies. In a hospital outpatient setting, you also pay the hospital copayment. • Prostate Specific Antigen (PSA) test – You pay nothing for the PSA test.
Sexually Transmitted Infection Screening & Counseling	Medicare covers sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis and/or Hepatitis B once every 12 months or at certain times during pregnancy. Medicare also covers 2 face-to-face behavioral counseling sessions a year provided at your primary care doctor's office. If your doctor orders these screenings they are covered by Part B for those who are pregnant and certain people at increased risk for an STI. You pay nothing if your doctor accepts assignment.

<p>Welcome to Medicare Preventive Visit</p>	<p>Medicare covers a one-time preventive visit exam <i>within the first twelve months that you have Part B</i>. The visit includes a review of your medical and social history related to your health, education, and counseling to help you prevent disease, and referrals for other care if you need it. You pay nothing if your doctor accepts assignment. If your doctor or other health care provider performs additional tests or services during this visit that aren't covered under this preventive benefit, you may have to pay coinsurance, and the Part B deductible may apply.</p>
<p>Yearly "Wellness" Visit</p>	<p>If you have had Part B for more than 12 months, you can get a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is not a physical exam. Instead, this yearly wellness visit includes:</p> <ul style="list-style-type: none"> • Review of medical and family history • A list of current providers and prescriptions • Height, weight, blood pressure, and other routine measurements • A screening schedule for appropriate preventive services • A list of risk factors and treatment options <p>You pay nothing for this exam if your doctor accepts assignment. If your doctor or other health care provider performs additional tests or services during this visit that aren't covered under this preventive benefit, you may have to pay coinsurance, and the Part B deductible may apply.</p>

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- ✓ **Track Original Medicare claims**
- ✓ **View or get copies of your Medicare Summary Notices**
- ✓ **Track the preventive services you can use**
- ✓ **Print a copy of your official Medicare card**

This fact sheet lists the costs you pay if you are enrolled in Original Medicare. The amount you pay may be different if you are enrolled in a Medicare Advantage or Cost Plan. For assistance please call the Senior Health Insurance Information Program (SHIIP) at 1-800-351-4664 (TTY 1-800-735-2942) or check the SHIIP website at www.shiip.iowa.gov