



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 Original Medicare covers without a deductible or coinsurance

Abdominal aortic aneurysm (AAA)	Once in a lifetime ultrasound screening if you are at risk for AAA and receive a referral from your provider.
Alcohol misuse screening and counseling	An annual screening, and up to four brief counseling sessions every year if your provider determines that you are misusing alcohol. You do not need to show signs or symptoms of alcohol abuse to qualify for screening.
Annual Wellness Visit (AWV)	An annual appointment with your primary care provider (PCP) to create or update a personalized prevention plan. This plan may help prevent illness based on your current health and risk factors. Not a head-to-toe physical. You cannot receive your AWV within the same year as your Welcome to Medicare preventive visit.
Breast cancer screenings	An annual mammogram screening for women age 40+ and one baseline mammogram for women age 35-39. A breast examination once every 24 months for all women. You may be eligible for an exam every 12 months if Medicare considers you at risk.
Cervical cancer screenings	A pap smear and pelvic examination once every 24 months for all women. You may be eligible for an exam every 12 months if Medicare considers you at risk.
Colorectal cancer screenings	Fecal occult blood test: once every 12 months if you are age 50+ Colonoscopy: once every 24 months if Medicare considers you at high risk



	Flexible sigmoidoscopy: once every 48 months if you are age 50+ and Medicare considers you at high risk
Depression screenings	An annual screening in a primary care setting. You do not need to show signs or symptoms of depression to qualify for screening.
Diabetes screening	An annual screening, including a fasting blood glucose test and/or a post-glucose challenge test , if Medicare considers you at risk.
HIV screening	An annual screening for anyone age 15-65, or younger than 15 or older than 65, and at an increased risk.
Heart disease screening	Blood tests for heart disease once every five years, when ordered by your provider. An annual cardiovascular disease risk reduction visit with your PCP.
Hepatitis C screening	One screening if your PCP orders the test for you: <ul style="list-style-type: none"> • Were born between 1945 and 1965 • Had a blood transfusion before 1992 • Or, are considered high risk due to current or past history using federally prohibited, injectable substances If Medicare considers you at high risk, you also qualify for yearly screenings following the initial screening.
Lung cancer screening	An annual screening and Low-Dose Computed Tomography (LDCT, also called low-dose CT) chest scan.
Medical nutritional therapy (MNT)	Three hours of therapy for the first year and two hours every subsequent year if you get a referral from your PCP, see a registered dietician or other qualified nutrition specialist, and have one of the following conditions: <ul style="list-style-type: none"> • Diabetes • Chronic renal disease • Or, have had a kidney transplant in the past three years.
Behavioral counseling	Body mass index (BMI) screenings and behavioral counseling to help you lose weight if you are obese. You are obese if you have a BMI of 30 or higher.
Bone mass measurements	Measurement once every 24 months if you are at risk for osteoporosis. Medicare will also cover follow-up measurements and/or more frequent screening if your doctor prescribes them.
Prostate cancer screenings	An annual screening for all men age 50+. The screening includes a digital rectal exam (DRE) and a prostate-specific antigen (PSA) test .
Sexually transmitted infection (STI)	Screenings tests for chlamydia, gonorrhea, syphilis, and/or hepatitis B if you are at high or increased risk of contracting an STI or pregnant. Screenings are covered annually if you receive a referral from your PCP or



screenings at certain times during pregnancy.

Smoking cessation counseling Two **smoking cessation counseling attempts** each year if you use tobacco. Each counseling attempt includes up to four face-to-face sessions with your provider, for a total of up to eight sessions.

Vaccinations **Influenza (flu) shots:** one flu shot every flu season.

Pneumococcal (pneumonia) shots: first shot if you have never received Part B coverage for a pneumonia shot before. A different, second vaccination 12 months after receiving the first shot.

Hepatitis B shots: Vaccination if you are at medium or high risk.

Welcome to Medicare visit One-time appointment you can choose to receive when you are new to Medicare. The aim of the visit is to promote general health and help prevent diseases. Note that you must receive this visit within the first 12 months of your Part B enrollment.

Services Original Medicare covers with a deductible or coinsurance

Original Medicare covers the following services at 80% of the Medicare-approved amount. If you receive the service from a participating provider, you pay a 20% coinsurance after you meet your Part B deductible.

Colorectal cancer screenings **Barium enema:** Once every 24 months if you are age 50+ and Medicare considers you at high risk.

Diabetes self-management training Up to 10 hours during the first year you receive training. After your first year, Medicare covers up to two hours of additional training annually.

Glaucoma screenings An annual screening if Medicare considers you at high risk. The screening must be performed or supervised by an eye doctor who is licensed to provide this service in your state.

This project was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$97,279 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

