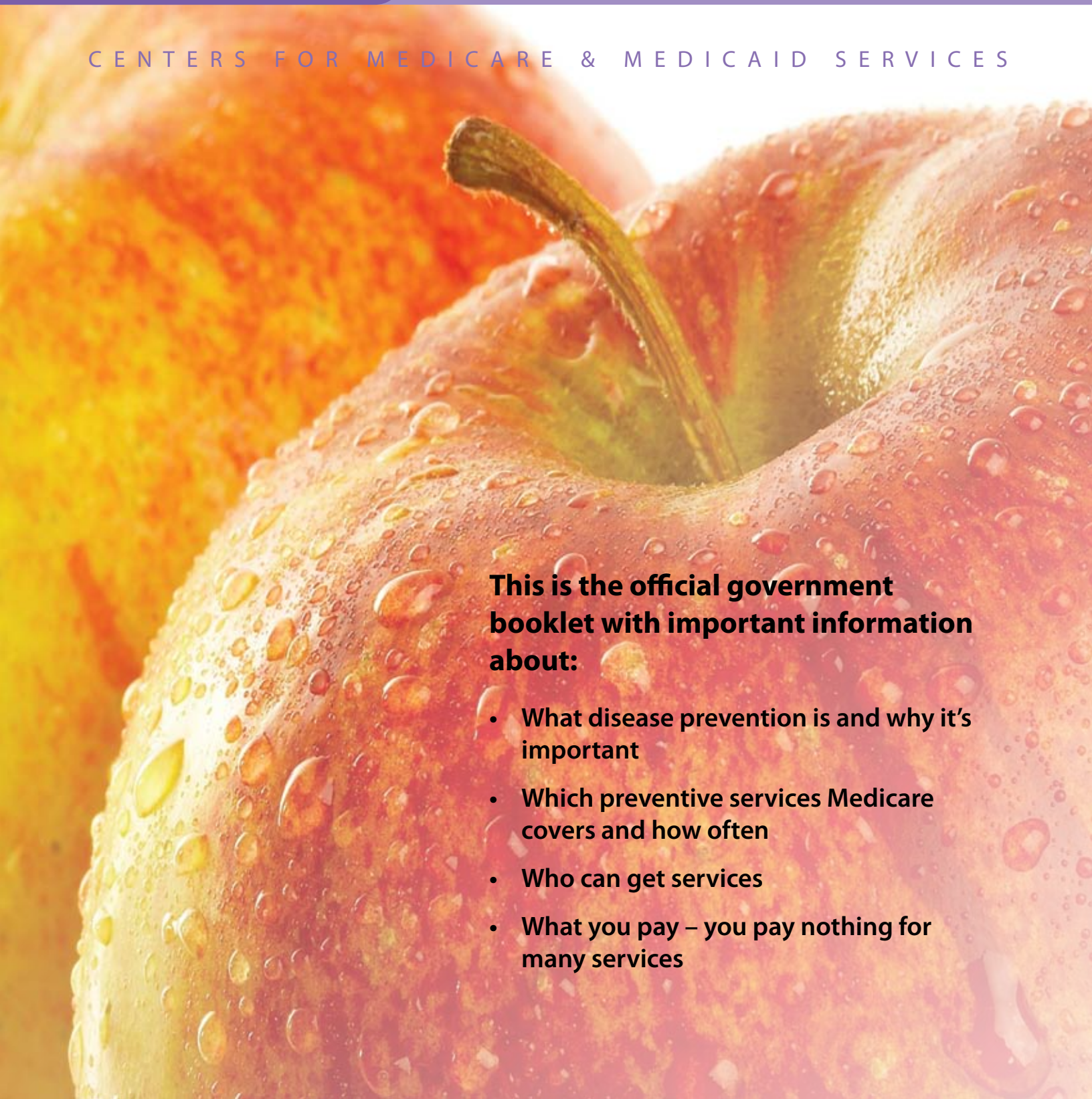
Your Guide to Medicare's Preventive Services

CENTERS FOR MEDICARE & MEDICAID SERVICES



This is the official government booklet with important information about:

- What disease prevention is and why it's important
- Which preventive services Medicare covers and how often
- Who can get services
- What you pay – you pay nothing for many services

Now's the time to get the most out of your Medicare. The best way to stay healthy is to live a healthy lifestyle. You can live a healthy lifestyle and prevent disease by exercising, eating well, keeping a healthy weight, and not smoking.

Medicare can help. Medicare pays for many preventive services to keep you healthy. Preventive services can find health problems early, when treatment works best, and can keep you from getting certain diseases. Preventive services include exams, shots, lab tests, and screenings. They also include programs for health monitoring, and counseling and education to help you take care of your own health.

The Affordable Care Act makes many improvements to Medicare. If you have Original Medicare, you can get a yearly "Wellness" visit and many other covered preventive services.

Whether it's online, in person, or on the phone, Medicare is committed to helping people get the information they need to make smart choices about their Medicare benefits.

MyMedicare.gov

Visit www.MyMedicare.gov to get direct access to your preventive health information—24 hours a day, every day. You can track your preventive services, get a 2-year calendar of the Medicare-covered tests and screenings you're eligible for, and print a personalized "on the go" report to take to your next doctor's appointment. Visit the website, and sign up, and Medicare will send you a password to your personal Medicare information.

How can this booklet help me?

This booklet covers preventive services, and services that help keep certain illnesses from getting worse. The services listed in this booklet are covered if you have Medicare Part B (Medical Insurance). However, the amount you pay for these services varies depending on whether you get your Medicare benefits through Original Medicare or through a Medicare Advantage Plan (like an HMO or PPO). This booklet explains the way preventive services are covered if you have Part B under Original Medicare. If you get your health care coverage through a Medicare Advantage Plan, call your plan for more information.

Note: The information in this booklet was correct when it was printed. Changes may occur after printing. Visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.

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SECTION 1

Introduction

What can I do to help prevent illness?

You can stay healthy, live longer, and delay or prevent many diseases by:

Exercising—Do any physical activity you enjoy for 20–30 minutes, 5 or 6 days a week. Talk to your doctor about the right exercise program for you.

Eating well—Eat a healthy diet of different foods, like fruits, vegetables, protein (like meat, fish, or beans), and whole grains (like brown rice). You should also limit the amount of saturated fat you eat.

Keeping a healthy weight—Watch your portions, and try to balance the number of calories you eat with the number you burn by exercising.

Not smoking—If you smoke, talk with your doctor about getting help to quit.

Getting preventive services—Delay or lessen the effects of diseases by getting preventive services (like screening tests) to find disease early, and shots to keep you from getting dangerous illnesses.

Remember–The services listed in this booklet are covered if you have Medicare Part B (Medical Insurance).

Talk to your doctor or health care provider

In providing good care, your doctor or health care provider may do exams or tests that Medicare doesn't cover. Your doctor or health care provider also may recommend that you have tests more or less often than Medicare covers them. Medicare also pays for some diagnostic tests. A diagnostic test may be recommended when a screening test or exam shows an abnormality. In some cases, you may have to pay for these services.

Talk to your doctor or health care provider to find out how often you need these exams to stay healthy. If a service you get isn't covered and you think it should be, you may appeal this decision. To file an appeal, follow the instructions on your "Medicare Summary Notice" (MSN). The MSN is an easy-to-read statement that clearly lists your health insurance claims information. For more information on filing an appeal, visit www.medicare.gov/appeals, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

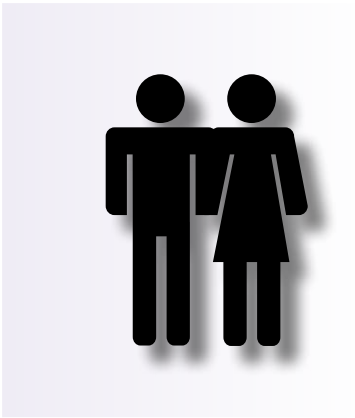
Things to know when reading this booklet

Symbols

You'll see one of these symbols next to each preventive service. It tells you for whom Medicare covers the service or test.

Men only

Women only



Men and Women

Things to know when reading this booklet (continued)

Risk factors

You'll also see lists of factors that increase your risk of developing a certain disease. If you're not sure if you're at high risk, talk to your doctor.

Part B deductible

The Part B deductible in 2013 is $147. This amount may change yearly.

Medicare-approved amount

In Original Medicare, this is the amount a doctor or supplier can be paid, including what Medicare pays, and any deductible, coinsurance, or copayment that you pay. It may be less than the actual amount a doctor or supplier charges. Doctors and suppliers who accept assignment accept the Medicare-approved amount as payment in full. If you get your services from a doctor or supplier who doesn't accept assignment, you might pay more.

Drug coverage

Medicare Part D covers prescription drugs that may help you treat a disease or condition found by preventive screening tests, like high cholesterol. You can review and compare the cost, coverage, and customer service of Medicare drug plans by visiting www.medicare.gov. Generally, you can join a Medicare drug plan between October 15–December 7. Your coverage will begin on January 1 of the following year. You can get personalized help by visiting www.medicare.gov, or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Notes

SECTION 2

Preventive Services

Alcohol misuse screening and counseling

Who's covered?

Adults with Medicare (including pregnant women) who use alcohol, but don't meet the medical criteria for alcohol dependency.

How often is it covered?

Medicare covers one alcohol misuse screening per year. If your primary care doctor or other primary care practitioner determines you're misusing alcohol, you can get up to 4 brief face-to-face counseling sessions per year (if you're competent and alert during counseling). A qualified primary care doctor or other primary care practitioner must provide the counseling in a primary care setting (like a doctor's office).

Your costs if you have Original Medicare

You pay nothing if the qualified primary care doctor or other primary care practitioner accepts assignment.

Remember–The services listed in this booklet are covered if you have Medicare Part B (Medical Insurance).

Bone mass measurements

Medicare covers bone mass measurements to see if you're at risk for broken bones. People are at risk for broken bones because of osteoporosis. Osteoporosis is a disease in which your bones become weak and brittle. In general, the lower your bone density, the higher your risk for a fracture. Bone mass measurement test results will help you and your doctor choose the best way to keep your bones strong.

Who is covered?

Bone mass measurements are covered if medically necessary for certain people with Medicare whose doctors say they're at risk for osteoporosis, and have one of these medical conditions:

- A woman whose doctor or health care provider says she's estrogen-deficient and at risk for osteoporosis, based on her medical history and other findings
- A person with vertebral abnormalities as demonstrated by an X-ray
- A person receiving steroid treatments
- A person with hyperparathyroidism
- A person taking an osteoporosis drug

How often is it covered?

Once every 24 months (more often if medically necessary).

Your costs if you have Original Medicare

You pay nothing for this test if your doctor accepts assignment.

Breast cancer screening (mammograms)

Breast cancer is the most common non-skin cancer in women and the second leading cause of cancer death in women in the U. S. Every woman is at risk, and this risk increases with age. Breast cancer usually can be successfully treated when found early. Medicare covers screening mammograms and digital technologies to check for breast cancer before you or a doctor may be able to find it manually.

Who's covered?

Women 40 and older are eligible for a screening mammogram every 12 months. Medicare also covers one baseline mammogram for women between 35–39.

How often is it covered?

Once every 12 months.

Your costs if you have Original Medicare

You pay nothing for the test if the doctor accepts assignment.

Am I at high risk for breast cancer?

Your risk of developing breast cancer increases if any of these are true:

- You had breast cancer in the past.
- You have a family history of breast cancer (like a mother, sister, daughter, or 2 or more close relatives who have had breast cancer).
- You had your first baby after age 30.
- You've never had a baby.

Cardiovascular disease (behavioral therapy)

Who's covered?

All people with Medicare.

What's covered?

A cardiovascular disease risk reduction visit that includes:

- Encouraging aspirin use when benefits outweigh risks
- Screening for high blood pressure
- Counseling to promote a healthy diet

How often is it covered?

Once each year.

Your costs if you have Original Medicare

You pay nothing if your doctor or health care provider accepts assignment.

Cardiovascular disease screening

Medicare covers cardiovascular disease screenings that check your cholesterol and other blood fat (lipid) levels. High levels of cholesterol can increase your risk for heart disease and stroke. These screenings will tell if you have high cholesterol.

Who's covered?

All people with Medicare.

What's covered?

Tests for cholesterol, lipid, and triglyceride levels.

How often is it covered?

Once every 5 years.

Your costs if you have Original Medicare

You pay nothing for this screening.

Cervical and vaginal cancer screening

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.

Who's covered?

All women with Medicare.

How often is it covered?

Medicare covers these screening tests once every 24 months, or once every 12 months for women at high risk, and for women of child-bearing age who have had an exam that indicated cancer or other abnormalities in the past 3 years.

Your costs if you have Original Medicare

You pay nothing for Pap test. You pay nothing for the pelvic exam (including a clinical breast exam) if the doctor accepts assignment.

Am I at high risk for cervical cancer?

Your risk for cervical cancer increases if any of these are true:

- You've had an abnormal Pap test.
- You've had cervical or vaginal cancer in the past.
- You have a history of sexually transmitted disease (including HIV infection).
- You began having sex before age 16.
- You've had 5 or more sexual partners.
- Your mother took DES (Diethylstilbestrol), a hormonal drug, when she was pregnant with you.

Colorectal cancer screening

Medicare covers colorectal cancer screening tests to help find pre-cancerous polyps (growths in the colon) so they can be removed before they become cancerous and to help find colorectal cancer at an early stage when treatment works best. Treatment works best when colorectal cancer is found early.

Who's covered?

All people with Medicare 50 and older, but there's no minimum age for having a screening colonoscopy.

How often is it covered?

- **Screening fecal occult blood test**—Once every 12 months.
- **Screening flexible sigmoidoscopy**—Once every 48 months after the last flexible sigmoidoscopy or barium enema, or 120 months after a previous screening colonoscopy.
- **Screening colonoscopy**—Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy.
- **Screening barium enema**—Once every 48 months (high risk every 24 months) when used instead of sigmoidoscopy or colonoscopy.

Your costs if you have Original Medicare

You pay nothing for the fecal occult blood test. You pay nothing for the flexible sigmoidoscopy or screening colonoscopy if your doctor accepts assignment.

Note: If a polyp or other tissue is found and removed during the colonoscopy, you may have to pay 20% of the Medicare-approved amount for the doctor's services and a copayment in a hospital outpatient setting.

For barium enemas, you pay 20% of the Medicare-approved amount for the doctor's services. The Part B deductible doesn't apply. If it's done in a hospital outpatient setting, you pay a copayment.

Am I at high risk for colorectal cancer?

Risk for colorectal cancer increases with age. It's important to continue with screenings, even if you were screened before you had Medicare. Your risk for colorectal cancer increases if any of these are true:

- You've had colorectal cancer before.
- You have a close relative who had colorectal polyps or colorectal cancer.
- You have a history of polyps.
- You have inflammatory bowel disease (like ulcerative colitis or Crohn's disease).

Depression screening

Who's covered?

All people with Medicare.

How often is it covered?

Medicare covers one depression screening per year. The screening must be done in a primary care setting (like a doctor's office) that can provide follow-up treatment and referrals.

Your costs if you have Original Medicare

You pay nothing for this test if your doctor or other qualified health care provider accepts assignment.

Diabetes screening and self-management training

Diabetes is a medical condition in which your body doesn't make enough insulin, or has a reduced response to insulin. Diabetes causes your blood sugar to be too high because insulin is needed to use sugar properly. A high blood sugar level isn't good for your health. Medicare covers a blood screening test to check for diabetes for people at risk. For people with diabetes, Medicare covers educational training to help manage their diabetes.

Diabetes screening (Fasting blood glucose test)

Who's covered?

People who are at risk for diabetes.

How often is it covered?

Based on the results of your screening tests, you may be eligible for up to 2 diabetes screenings per year.

Your costs if you have Original Medicare

You pay nothing for this screening.

Diabetes screening and self-management training (continued)

Are you at high risk for diabetes?

You're considered at high risk if you have high blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar (glucose). Medicare also covers these tests if you answer "yes" to 2 or more of the following questions:

- Are you 65 or older?
- Are you overweight?
- Do you have a family history of diabetes (parents, brothers, or sisters)?
- Do you have a history of gestational diabetes (diabetes during pregnancy), or have you had a baby weighing more than 9 pounds?

Diabetes self-management training

Who's covered?

This training is for people with diabetes to teach them to manage their condition and prevent complications. You must have a written order from a doctor or other health care provider.

Your costs if you have Original Medicare.

You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Glaucoma tests

Glaucoma is an eye disease caused by high pressure in the eye. It can develop gradually without warning and often without symptoms. The best way for people at high risk for glaucoma to protect themselves is to have regular eye exams.

Who's covered?

People with Medicare whose doctor says they're at high risk for glaucoma.

How often is it covered?

Once every 12 months.

Your costs if you have Original Medicare

You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Am I at high risk for glaucoma?

Your risk for glaucoma increases if any of these are true:

- You have diabetes.
- You have a family history of glaucoma.
- You're African-American and 50 or older.
- You're Hispanic and 65 or older.

HIV screening

Medicare covers voluntary HIV (Human Immunodeficiency Virus) screenings for people at increased risk for the infection, including anyone who asks for the test and pregnant women.

How often is it covered?

Medicare covers this test once every 12 months, or up to 3 times during a pregnancy.

Your costs if you have Original Medicare

You pay nothing for this test.

Medical nutrition therapy

Medicare may cover medical nutrition therapy if you have diabetes or kidney disease, and your doctor refers you for this service. These services can be given by a registered dietitian or Medicare-approved nutrition professional, and include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.

Who's covered?

Certain people who have any of these:

- Diabetes
- Renal disease (people who have kidney disease, but aren't on dialysis)
- Have had a kidney transplant within the last 3 years

Your doctor needs to refer you for this service.

How often is it covered?

Medicare covers 3 hours of one-on-one counseling services the first year, and 2 hours each year after that. If your condition, treatment, or diagnosis changes, you may be able to get more hours of treatment with a doctor's referral. A doctor must prescribe these services and renew your referral yearly if continuing treatment is needed into another calendar year.

Your costs if you have Original Medicare

You pay nothing for these services if the doctor accepts assignment.

For more information about diabetes and medical nutrition therapy

Visit www.medicare.gov/publications to view the booklet "Medicare Coverage of Diabetes Supplies & Services." You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Obesity screening and counseling

Medicare covers intensive behavioral therapy for people with obesity, defined as a body mass index of 30 or more.

Who's covered?

All people with Medicare may be screened for obesity. Counseling is covered for anyone found to have a body mass index of 30 or more.

How often is it covered?

This counseling may be covered if you get it in a primary care setting (like a doctor's office). Talk to your primary care doctor or primary care practitioner to find out more.

People with a body mass index of 30 or more are eligible for:

- One face-to-face visit each week for the first month
- One face-to-face visit every other week for months 2–6
- One face-to-face visit every month for months 7–12, if you lose 6.6 pounds during months 1–6

Your costs if you have Original Medicare

You pay nothing for this service if your primary care doctor or other qualified primary care practitioner accepts assignment.

Prostate cancer screening

Prostate cancer may be found by testing the amount of PSA (Prostate Specific Antigen) in your blood. Another way prostate cancer may be found is when your doctor performs a digital rectal exam. Medicare covers both of these tests.

Who's covered?

All men with Medicare over 50 (coverage for this test begins the day after your 50th birthday).

How often is it covered?

- Digital rectal examination—Once every 12 months.
- PSA test—Once every 12 months.

Your costs if you have Original Medicare

Generally, you pay 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. There's no coinsurance and no Part B deductible for the PSA test.

Am I at high risk for prostate cancer?

Talk to your doctor or practitioner about whether you're at risk for prostate cancer.

Sexually transmitted infections screening and counseling

Medicare covers sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis, and/or Hepatitis B.

Who's covered?

People with Medicare who are pregnant and/or certain people who are at increased risk for an STI when the tests are ordered by a primary care doctor or other primary care practitioner.

How often is it covered?

Medicare covers these tests once every 12 months or at certain times during pregnancy. Medicare also covers up to 2 individual 20 to 30 minute, face-to-face, high-intensity behavioral counseling sessions each year for sexually active adults at increased risk for STIs. Medicare will only cover these counseling sessions if they're provided by a primary care doctor or other primary care practitioner and take place in a primary care setting (like a doctor's office). Counseling conducted in an inpatient setting, like a skilled nursing facility, won't be covered as a preventive service.

Your costs if you have Original Medicare.

You pay nothing for these services if your primary care doctor or other qualified primary care practitioner accepts assignment.

Shots (flu, pneumococcal, Hepatitis B)

Medicare covers flu, pneumococcal, and Hepatitis B shots. Flu, pneumococcal infections, and Hepatitis B can be life threatening to an older person. All people 65 and older should get flu and pneumococcal shots. People with Medicare who are under 65 but have chronic illness, including heart disease, lung disease, diabetes, or End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) should get a flu shot. People at medium to high risk for Hepatitis B should get Hepatitis B shots.

Flu shot

Who's covered?

All people with Medicare.

How often is it covered?

Once a flu season.

Your costs if you have Original Medicare

You pay nothing if your doctor or health care provider accepts assignment for giving the shot.

Pneumococcal shot

Who's covered?

All people with Medicare.

How often is it covered?

Most people only need this shot once in their lifetime.

Your costs if you have Original Medicare

You pay nothing if your doctor or health care provider accepts assignment for giving the shot.

Shots (flu, pneumococcal, Hepatitis B) (continued)

Hepatitis B shots

Who's covered?

Certain people with Medicare whose doctor says they're at medium or high risk for Hepatitis B.

How often is it covered?

Three shots are needed for complete protection. Check with your doctor about when to get these shots if you qualify to get them.

Your costs if you have Original Medicare

You pay nothing if your doctor or health care provider accepts assignment.

Am I at medium or high risk for Hepatitis B?

These are some of the factors that put you at medium or high risk for Hepatitis B:

- Hemophilia
- ESRD (End-Stage Renal Disease)
- Diabetes
- Certain other conditions that increase your risk for infection, like if you live with someone who has Hepatitis B, or if you're a health care worker and have frequent contact with blood or body fluids.

Other factors may increase your risk for Hepatitis B. Check with your doctor to see if you're at medium or high risk for Hepatitis B.

Tobacco use cessation counseling

The U.S. Surgeon General has reported that quitting smoking and stopping tobacco use leads to significant risk reduction for certain diseases and other health benefits, even in older adults who have smoked for years. Any person who uses tobacco can get counseling from a qualified doctor or other Medicare-recognized practitioner who can help them stop using tobacco.

Who's covered?

Medicare covers these counseling sessions as a preventive service if you haven't been diagnosed with an illness caused by tobacco use.

How often is it covered?

Medicare will cover up to 8 face-to-face visits during a 12-month period. These visits must be provided by a qualified doctor or other Medicare-recognized practitioner.

Your costs if you have Original Medicare

You pay nothing for the counseling sessions.

Ask your doctor about Medicare-covered tobacco cessation programs near you, or visit www.nih.gov for more information about stopping tobacco use.

"Welcome to Medicare" preventive visit

Medicare covers a one-time preventive visit within the first 12 months that you have Medicare Part B. This visit is called the "Welcome to Medicare" preventive visit. The visit is a great way to get up-to-date on important screenings and shots and to talk with your doctor about your family history and how to stay healthy.

What happens during the visit?

During the visit, your doctor will:

- Record your medical and social history (like alcohol or tobacco use, your diet, and your activity level).
- Check your height, weight, and blood pressure.
- Calculate your body mass index.
- Give you a simple vision test.
- Review your potential risk for depression and your level of safety.
- Offer to talk with you about creating advance directives. Advance directives are legal documents that allow you to put in writing what kind of health care you would want if you were too ill to speak for yourself.

Depending on your general health and medical history, you'll get advice, education, and counseling to help you prevent disease, improve your health, and stay well. You'll also get a written plan (like a checklist) letting you know which screenings, shots, and other preventive services you need.

People at risk for **abdominal aortic aneurysms** may get a referral for a one-time screening ultrasound at their "Welcome to Medicare" preventive visit.
If you have a family history of abdominal aortic aneurysms, or you're a man 65 to 75 and you have smoked at least 100 cigarettes in your lifetime, you're considered at risk. You pay nothing for this screening ultrasound.

What should I bring to the visit?

When you go to your "Welcome to Medicare" preventive visit, bring these items:

- Your medical records, including immunization records (if you're seeing a new doctor). Call your old doctor to get copies of your medical records.
- Your family health history—try to learn as much as you can about your family's health history before your appointment. Any information you can give your doctor can help determine if you're at risk for certain diseases.
- A list of prescription and over-the-counter drugs that you currently take, how often you take them, and why.

One-time "Welcome to Medicare" preventive visit (continued)

Who's covered, and how often is it covered?

This visit is only covered one time, and you must have the visit within the first 12 months you're enrolled in Part B.

Your costs if you have Original Medicare

You pay nothing if your doctor accepts assignment.

Yearly "Wellness" visit

If you've had Part B for longer 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 includes:

- Health risk assessment (Your doctor or health professional will ask you to answer some questions before or during your visit, which is called a health risk assessment. Your responses to the questions will help you and your health professional get the most from your yearly "Wellness" visit.)
- Review of medical and family history.
- Develop or update a list of current providers and prescriptions.
- Height, weight, blood pressure, and other routine measurements.
- Detection of any cognitive impairment.
- Personalized health advice.
- A list of risk factors and treatment options for you.
- A screening schedule (like a checklist) for appropriate preventive services.

How often is it covered?

Once every 12 months.

Your costs if you have Original Medicare

You pay nothing for this visit if your doctor accepts assignment.

You don't need to have had a "Welcome to Medicare" preventive visit before getting a yearly "Wellness" visit. If you do get the "Welcome to Medicare" preventive visit during your first year with Part B, you'll have to wait 12 months before you can get your first yearly "Wellness" visit.

Preventive services checklist

Keep track of the preventive services you need by using the chart below. You can also visit www.MyMedicare.gov to track your preventive services, get a 2-year calendar of the Medicare-covered tests and screenings you're eligible for, and print a personalized "on the go" report to take to your next doctor's appointment.

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9	Alcohol misuse screening and counseling	
10	Bone mass measurement	
11	Breast cancer screening (mammogram)	
12	Cardiovascular disease (behavioral therapy)	
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14	Colorectal cancer screenings	
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14	Flexible sigmoidoscopy	
14	Colonoscopy	
14	Barium enema	
15	Depression screening	
15	Diabetes screenings	

page	Medicare-covered preventive service	I need (yes/no)
15	Diabetes self-management training	
22	Flu shots	
17	Glaucoma tests	
23	Hepatitis B shots	
17	HIV screening	
18	Medical nutrition therapy services	
19	Obesity screening and counseling	
22	Pneumococcal shot	
20	Prostate cancer screenings	
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For more information about Medicare preventive services

You can learn more about Medicare's preventive services by visiting www.medicare.gov. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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Remember–The services listed in this booklet are covered if you have Medicare Part B (Medical Insurance).

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