## **Medicare-Covered Preventive Services**

## **Services Medicare Covers with No Deductible or Coinsurance**

Care/Screening	Service and Frequency	
Welcome to Medicare Exam	One time within first 12 months on Medicare B	
Yearly Wellness Visit	Every 12 months after first year on Medicare B (Not a physical)	
Abdominal Aortic Aneurism	Once, if referred by doctor/practitioner due to risk factors	
Alcohol Misuse Screening	Once a year, if do not have dependence on alcohol	
Bone Mass Measurement	Once every 24 months for people who meet certain criteria	
Cardiovascular (Heart)	Blood test (Cholesterol, Lipids, & Triglycerides) every 5 years	
Disease Screenings	One doctor visit per year (May pay 20% co-insurance for office visit)	
Colon Cancer Screening (One or more may be covered)	Colonoscopy: Every 120 months (or 24 months if high risk) *	
	Fecal Occult Blood Test: Every 12 months if age 50+	
	Flex Sigmoidoscopy: Every 48 mo if 50+ (or 120 after previous if not high risk)	
	Multi-target stool DNA test: Every 3 years if criteria met	
Depression Screening	Once a year, if done in primary care setting	
Diabetes Screening	Up to 2 tests per year if at high risk	
Hep C Screening Test	Covered if meet at-risk criteria	
HIV Screening	Once a year between age 15 – 65 or if at risk	
Lung Cancer Screening	Annual CT scan for those at high risk	
Mammogram	Once a year after age 40	
Nutrition Therapy (Medical)	With referral if criteria met (diabetes, kidney disease or transplant)	
Obesity Screening	1:1 Counseling sessions may be covered if BMI ≥ 30	
Pap Test/Pelvic Exam	Every 24 months (12 months if high risk)	
Prostate Cancer Screening	PSA test every 12 months for men > 50	
Sexually transmitted infections	Screening every 12 months for those at increased risk or pregnant	
Smoking Cessation	Up to 8 visits in 12 month period	
Vaccinations	Flu Shot: Once per flu season	
	Hepatitis B Shot: Covered if at high or medium risk	
	Pneumonia Shot: Check with Dr. if need 1 or 2 shots. Both Covered.	
	Shingles Shot Not Covered by Medicare A or B. Check with Part D plan	

<sup>\*</sup> If **Polyp** is found or removed you may have to pay 20% of doctor's services and a copay in hospital outpatient setting.

## **Services Original Medicare Covers with Coinsurances or Deductibles**

(If you are in an Advantage Plan, check with your plan on costs)

Care/Screening	Service & Frequency	What You Pay
Barium Enema	Every 48 months if 50 or older	Part B ded + 20%
(Colon Cancer Screening)	(or 24 months if high risk)	
Diabetes Self-management training	With doctor's order or referral	Part B ded + 20%
Glaucoma Screening	Annually if high risk	Part B ded + 20%
	(diabetic or family history)	
Prostate Cancer- Digital Exam	Every 12 mo for men 50 +	Part B ded + 20%

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