



Staying Healthy

Medicare's Preventive Services

An easy and important way to stay healthy is to get disease prevention and early detection services. Disease prevention and early detection services can keep you from getting certain diseases or can help you find health problems early, when treatment works best. Talk with your doctor or health care provider to find out what tests or other services you may need, as described in the chart that follows, and how often you need them to stay healthy. If you have Medicare Part B, you'll be able to get many preventive services at no cost to you.

Did you know that Medicare covers...

Abdominal Aortic Aneurysm Screening	A one-time screening ultrasound for people at risk. If you have a family history of abdominal aortic aneurysms, or you're a man 65–75 and have smoked at least 100 cigarettes in your lifetime, you're considered at risk.
Alcohol Misuse Screening and Counseling	Medicare covers one alcohol misuse screening per year for adults with Medicare (including pregnant women) to identify those who misuse alcohol, but aren't alcohol dependent. If you screen positive, 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).
Bone Mass Measurement	These tests help to see if you're at risk for broken bones. Medicare covers these tests once every 24 months (more often if medically necessary) for certain people at risk for osteoporosis.
Cardiovascular Disease (Behavioral Therapy)	Medicare will cover one visit per year with your primary care doctor to help lower your risk for cardiovascular disease. During this visit, your doctor may discuss aspirin use (if appropriate), check your blood pressure, and give you tips to make sure you're eating well.
Cardiovascular Disease Screenings	Ask your doctor to test your cholesterol, lipid, and triglyceride levels to help determine if you're at risk for a heart attack or stroke. If you're at risk, there are steps you can take to prevent these conditions. Medicare covers tests for cholesterol, lipid, and triglyceride levels every 5 years.

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Colorectal Cancer Screenings	These tests help find colorectal cancer early, when treatment works best. If you're 50 or older, or are at high risk for colorectal cancer, Medicare covers one or more of these tests: fecal occult blood test, flexible sigmoidoscopy, screening colonoscopy, barium enema, and multi-target stool DNA test (like Cologuard™). How often Medicare pays for these tests depends on the test and your level of risk for this cancer. You and your doctor decide which test is best for you.
Depression Screening	Medicare covers one depression screening per year for all people with Medicare. The screening must be done in a primary care setting (like a doctor's office) that can provide follow-up treatment and referrals, if needed.
Diabetes Screenings	Medicare covers tests to check for diabetes or pre-diabetes. These tests are available if you have any of these risk factors: high blood pressure, history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar. Tests are also covered if you have 2 or more of these: 65 or older, overweight, family history of diabetes (parents, brothers, sisters), a history of gestational diabetes (diabetes during pregnancy), or you delivered a baby weighing more than 9 pounds. Based on the results of these tests, you may be eligible for up to 2 screenings each year. Talk to your doctor for more information.
Diabetes Self-Management Training	This training helps teach you to cope with and manage your diabetes. The program may include tips for eating healthy, being active, monitoring blood sugar, taking medication, and reducing risks. You must have diabetes and a written order from your doctor or other health care provider.
Flu Shots	These shots help prevent influenza or flu virus. Medicare covers these shots once per flu season.
Glaucoma Tests	These tests help find the eye disease glaucoma. Medicare covers these tests once every 12 months for people at high risk for glaucoma.
Hepatitis B Shots	This series of shots helps protect people from getting Hepatitis B. Medicare covers these shots for people at medium or high risk for Hepatitis B.
Hepatitis B Virus (HBV) infection screening	Medicare covers HBV infection screenings if you're at high risk for HBV infection or you're pregnant. Medicare will only cover these screenings if they're ordered by a primary care provider. HBV infection screenings are covered annually only for those with continued high risk who don't get a Hepatitis B vaccination. And for pregnant women at the first prenatal visit for each pregnancy, at the time of delivery for those with new or continued risk factors, at the first prenatal visit for future pregnancies, even if previously given the Hepatitis B shot or had negative HBV screening results.
Hepatitis C Screening	Medicare covers a one-time Hepatitis C screening test for those born between 1945 and 1965. Medicare also covers repeat screening annually for certain people at high risk who continue to engage in high risk behavior. People with Medicare who are at high risk meet at least one of these conditions: current or past history of illicit injection drug use, or have had a blood transfusion before 1992.
HIV Screening	Medicare covers HIV (Human Immunodeficiency Virus) screenings if you're 15-65, not at risk and ask for the screening or you're younger than 15 or older than 65, at an increased risk and ask for the screening. Medicare covers this test once every 12 months or up to 3 times during a pregnancy.

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<p>Lung Cancer Screening Test</p>	<p>Medicare covers lung cancer screening with Low Dose Computed Tomography (LDCT) once per year if you meet all of these: age 55-77, a current smoker or have quit smoking within the last 15 years, have a tobacco smoking history of at least 30 “pack years” (an average of one pack a day for 30 years), and get a written order from your physician or qualified non-physician practitioner. Before your first lung cancer screening, you’ll need to schedule an appointment with your doctor to discuss the benefits and risks of lung cancer screening. You and your doctor can decide whether lung cancer screening is right for you.</p>
<p>Mammogram Screening (Breast Cancer Screening)</p>	<p>Medicare covers mammograms once every 12 months for all women 40 and older. Medicare also covers one baseline mammogram for women between 35–39.</p>
<p>Medical Nutrition Therapy Services</p>	<p>Medicare may cover medical nutrition therapy and certain related services if you have diabetes or kidney disease, or you have had a kidney transplant in the last 36 months, and your doctor or other qualified non-doctor practitioner refers you for the service.</p>
<p>Medicare Diabetes Prevention Program</p>	<p>If you have Medicare Part B, have prediabetes, and meet other criteria, Medicare covers a once-per-lifetime proven health behavior change program to help you prevent type 2 diabetes. The program begins with at least 16 core sessions offered in a group setting over a 6-month period. After the core sessions, you may be eligible for additional monthly sessions will help you maintain healthy habits.</p>
<p>Obesity Screening and Counseling</p>	<p>If you have a body mass index (BMI) of 30 or more, Medicare covers behavioral therapy sessions to help you lose weight. This counseling may be covered if you get it in a primary care setting (like a doctor’s office), where it can be coordinated with your other care and a personalized prevention plan.</p>
<p>Pap Test and Pelvic Exam (also includes a breast exam)</p>	<p>These lab tests and exams check for cervical and vaginal cancers. Medicare covers these tests and exams every 24 months for all women and once every 12 months for women at high risk. Medicare also covers Human Papillomavirus (HPV) tests (when given with a Pap test) once every 5 years if you’re age 30–65 without HPV symptoms.</p>
<p>Pneumococcal Shots</p>	<p>Medicare covers a pneumococcal shot to help prevent pneumococcal infections (like certain types of pneumonia). Medicare also covers a different second shot if it’s given one year (or later) after the first shot. Talk with your doctor or other health care provider to see if you need these shots.</p>
<p>Preventive Visits</p>	<p>One-time “Welcome to Medicare” preventive visit—Medicare covers a review of your health and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed. Medicare covers this visit only in the first 12 months of Medicare Part B (Medical Insurance) coverage.</p> <p>Yearly “Wellness” visit—If you’ve had Part B for longer than 12 months, you’re eligible for a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. Medicare covers this visit once every 12 months.</p>
<p>Prostate Cancer Screenings</p>	<p>These tests help find prostate cancer. Medicare covers a digital rectal exam and a Prostate Specific Antigen (PSA) lab test once every 12 months for all men over 50 with Medicare (coverage begins the day after your 50th birthday).</p>

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Sexually Transmitted Infections Screening and Counseling	Medicare covers sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis, and Hepatitis B. These screenings are covered for people with Medicare who are pregnant and for 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. 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 provider 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 benefit.
Smoking and Tobacco Use Cessation (counseling to stop smoking or using tobacco products)	Medicare covers up to 8 face-to-face visits in a 12-month period. All people with Medicare who use tobacco are covered. These visits must be provided by a qualified doctor or other Medicare-recognized provider.

What you pay

You'll pay nothing for many preventive services if you get them from a qualified doctor or other health care provider who accepts assignment. For some preventive services, you might have to pay a deductible, coinsurance, and/or copayment. These amounts vary depending on the type of services you need and the kind of Medicare health plan you have.

For more information

For more details about Medicare's coverage of these preventive services, including your costs in Original Medicare, visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view or print the booklet "Your Guide to Medicare's Preventive Services." Or, call 1-800-MEDICARE (1-800-633-4227) and ask for a copy. TTY users can call 1-877-486-2048.

You can also register at [MyMedicare.gov](https://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.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html](https://www.Medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Paid for by the Department of Health & Human Services.