



## *My Health. My Medicare. Medicare Preventive Benefits 2017*

**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.**

<b>Abdominal Aortic Aneurysm Screening</b>	Medicare covers a one-time abdominal aortic aneurysm ultrasound for people at risk. You must get a referral from your doctor, doctor assistant, nurse practitioner or clinical nurse specialist for this screening. <b>You pay nothing</b> if your qualified health care provider accepts assignment.
<b>Alcohol Misuse Screening &amp; Counseling</b>	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. <b>You pay nothing</b> if the doctor or health care provider accepts assignment.
<b>Bone Mass Measurement</b>	For those enrolled in Medicare <b>at high risk for losing bone mass</b> Medicare will cover once every 24 months; more often if medically necessary. <b>You pay nothing</b> for this test if your doctor accepts assignment.
<b>Cardiovascular Disease (Behavioral Therapy)</b>	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. <b>You pay nothing</b> if your doctor or other qualified provider accepts assignment.
<b>Cardiovascular Disease Screenings</b>	Medicare covers screening tests that check your cholesterol and other blood fat (lipid) levels every <b>5 years</b> to help you prevent a heart attack or stroke. These tests include: <ul style="list-style-type: none"> <li>• Total Cholesterol Test</li> <li>• Cholesterol Test for High Density Lipoproteins; and</li> <li>• Triglycerides Test</li> </ul> You pay <b>nothing</b> for these tests.

<p><b>Cervical &amp; Vaginal Cancer Screening</b></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"> <li>• Once every <b>24 months</b> for all women</li> <li>• Once every <b>12 months</b> for women at high risk</li> </ul> <p><b>You pay nothing</b> 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><b>Colorectal Cancer Screening</b></p>	<p>For <b>all</b> those enrolled in Medicare <b>age 50 and older</b></p> <ul style="list-style-type: none"> <li>• <b>Fecal-Occult blood test</b> covered annually – No cost for the test. <b>You pay no Part B deductible and copayment</b> for the doctor's visit. You pay nothing if your doctor accepts assignment.</li> <li>• <b>Multi-target stool DNA test</b> (like Cologuard™) for persons age 50 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.</li> <li>• <b>Flexible sigmoidoscopy</b> once every four years or 10 years after a previous screening colonoscopy for those not at high risk. <b>No Part B deductible.</b> You pay nothing if your doctor accepts assignment.</li> <li>• <b>Barium enema</b> can be substituted for sigmoidoscopy or colonoscopy - covered once every four years or every two years if high risk– <b>No Part B deductible.</b> Medicare pays 80% of the approved amount for the doctor's services, in a hospital outpatient setting you also pay a copayment.</li> <li>• <b>Screening Colonoscopy</b> for <b>any age</b> enrolled in Medicare <ul style="list-style-type: none"> <li><b>Average risk</b> - Once every <b>ten</b> years, but not within <b>four</b> years after a screening flexible sigmoidoscopy. You pay nothing if your qualified health care provider accepts assignment.</li> <li><b>High-risk</b> - Once every <b>two</b> years, <b>you pay nothing</b> if your doctor accepts assignment.</li> </ul> <p>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.</p> </li> </ul>

<b>Depression Screening</b>	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. <b>You pay nothing</b> if the doctor or health care provider accepts assignment.
<b>Diabetes Screening</b>	Anyone enrolled in Medicare identified as “high risk” for diabetes will be able to receive screening tests to detect diabetes early. Covers <b>up to two screenings</b> (fasting blood glucose tests) each year. <b>You pay nothing</b> for these tests.
<b>Diabetes Monitoring and Education</b>	Covers all people with Medicare who have diabetes and must monitor blood sugar (Not paid for those in a nursing home) <u>Covered services:</u> <ul style="list-style-type: none"> <li>• Blood sugar monitors, test strips, lancet devices and lancets</li> <li>• Education &amp; training to help control diabetes</li> <li>• Foot care once every 6 months for those with peripheral neuropathy</li> </ul> Medicare pays 80% of the approved amount <b>after</b> you meet the yearly Part B deductible.
<b>Flu Vaccination</b>	<b>Annually</b> (Medicare pays once a flu season, in the winter or fall. You do not have to wait 365 days since your last one.) <b>You pay nothing</b> if your doctor or health care provider accepts assignment for giving the shot.
<b>Glaucoma Screening</b>	Covered <b>once every 12 months</b> 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 <b>after</b> you meet the yearly Part B deductible. In hospital outpatient setting you also pay a copayment.
<b>Hepatitis B Shots</b>	Covered for those who are at medium or high risk. <b>You pay nothing</b> if your doctor or health care provider accepts assignment.
<b>Hepatitis C Screening Test</b>	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, at high risk because they had a blood transfusion before 1992, those born between 1945 and 1965. Medicare also covers a repeat screening for certain people at high risk. Test must be ordered by a primary care provider. You pay nothing if the provider accepts assignment.
<b>HIV Screening</b>	Medicare covers HIV screening for people at increased risk for HIV, including anyone who asks for the test. Medicare covers the test once every 12 months or up to 3 times during a pregnancy. <b>You pay nothing for the test</b> , generally you pay 20% of the Medicare approved amount for the doctor’s visit.

<b>Lung Cancer Screening</b>	Medicare will cover an annual LDCT lung cancer screening for those age 55-77 at high risk with no current signs or symptoms of lung cancer but a history of smoking at least one pack a day for 30 years or current smoker or smokers who have quit within the last 15 years. You pay <b>nothing</b> if the doctor accepts assignment.
<b>Mammogram</b>	A screening mammogram is covered for women age <b>40 and older</b> enrolled in Medicare <ul style="list-style-type: none"> <li>• <b>once every 12 months</b> (includes new digital technologies)</li> <li>• Women <b>age 35-39</b> enrolled in Medicare get one baseline screening mammogram.</li> </ul> <b>You pay nothing</b> for the test if the doctor accepts assignment.
<b>Medical Nutritional Therapy</b>	Covered for those with <b>diabetes or kidney disease, or you have had a kidney transplant in the last 36 months</b> , and your doctor refers you for this service. Includes a nutritional assessment and counseling to help you manage your disease. Medicare covers 3 hours of one-on-one counseling services the first year, and 2 hours each year after that. <b>You pay nothing</b> for these services if the doctor accepts assignment.
<b>Obesity Screening and Counseling</b>	Medicare covers intensive counseling to help with weight loss for individuals who have a body mass index of 30 or more. Medicare may cover up to 22 face-to-face intensive counseling sessions over a 12-month period to help you lose weight. This counseling may be covered if it is done in a primary care setting, where it can be coordinated with a comprehensive prevention plan. <b>You pay nothing</b> if your doctor or health care provider accepts assignment.
<b>Pneumococcal Pneumonia Vaccination</b>	<ul style="list-style-type: none"> <li>• Effective September, 2014, 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. <b>You pay nothing</b> if your doctor or health care provider accepts assignment for giving the shot.</li> </ul>
<b>Prostate Cancer Screening Tests</b>	Medicare covers a Prostate Specific Antigen (PSA) test and a digital rectal exam for all men enrolled in Medicare <b>age 50 and older</b> <ul style="list-style-type: none"> <li>• Covered <b>once every 12 months</b></li> <li>• <b>Digital rectal exam</b> – Medicare pays 80% of the approved amount after the yearly Part B deductible. In a hospital outpatient setting, you also pay the hospital copayment.</li> <li>• <b>PSA test</b> – There is no coinsurance and <b>no Part B deductible</b> for the PSA test.</li> </ul>
<b>Smoking Cessation Services</b>	Medicare will cover up to 8 face-to-face visits during a 12-month period. Medicare covers these counseling sessions for people who use tobacco. <b>You pay nothing</b> for the counseling sessions if your doctor or health care provider accepts assignment.

<b>Welcome to Medicare Preventive Visit</b>	Medicare covers a one-time preventive visit exam <i>within the first <u>twelve months</u> 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. <b>You pay nothing</b> if your doctor accepts assignment.
<b>Yearly Wellness Visit</b>	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 includes: <ul style="list-style-type: none"> <li>• Review of medical and family history</li> <li>• A list of current providers and prescriptions</li> <li>• Height, weight, blood pressure, and other routine measurements</li> <li>• A screening schedule for appropriate preventive services</li> <li>• A list of risk factors and treatment options</li> </ul> You <b>pay nothing</b> for this exam if your doctor accepts assignment.

### **Your Personalized Medicare Manager**

#### **Go to [MyMedicare.gov](http://MyMedicare.gov)**

- ✓ Track Original Medicare claims
- ✓ View or get copies of your Medicare Summary Notices
- ✓ Check your Part B deductible status
- ✓ View your eligibility information
- ✓ Track the preventive services you can use

**For assistance please call the Senior Health Insurance Information Program or SHIIP at 1-800-351-4664 (TTY 1-800-735-2942 or check the SHIIP website: [www.therightcalliowa.gov](http://www.therightcalliowa.gov)**

**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.**