

# 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 <b>ultrasound screening</b> 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 <b>mammogram screening</b> for women age 40+ and one baseline mammogram for women age 35-39.  A <b>breast examination</b> 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 <b>pap smear</b> and <b>pelvic examination</b> 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	<b>Fecal occult blood test:</b> once every 12 months if you are age 50+  <b>Colonoscopy:</b> once every 24 months if Medicare considers you at high risk  <b>Flexible sigmoidoscopy:</b> 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 <b>fasting blood glucose test</b> and/or a <b>post-glucose challenge test</b> , 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	<p><b>Blood tests</b> for heart disease once every five years, when ordered by your provider.</p> <p>An annual <b>cardiovascular disease risk reduction visit</b> with your PCP.</p>
Hepatitis C screening	<p>One screening if your PCP orders the test for you:</p> <ul style="list-style-type: none"> <li>• Were born between 1945 and 1965</li> <li>• Had a blood transfusion before 1992</li> <li>• Or, are considered high risk due to current or past history using federally prohibited, injectable substances</li> </ul> <p>If Medicare considers you at high risk, you also qualify for yearly screenings following the initial screening.</p>
Lung cancer screening	An annual screening and <b>Low-Dose Computed Tomography (LDCT)</b> , also called low-dose CT) chest scan.
Medical nutritional therapy (MNT)	<p>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 dietitian or other qualified nutrition specialist, and have one of the following conditions:</p> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Chronic renal disease</li> <li>• Or, have had a kidney transplant in the past three years.</li> </ul>
Behavioral counseling	<b>Body mass index (BMI) screenings</b> and <b>behavioral counseling</b> 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 <b>digital rectal exam (DRE)</b> and a <b>prostate-specific antigen (PSA) test</b> .
Sexually transmitted infection (STI) screenings	<p>Screenings tests for chlamydia, gonorrhea, syphilis, and/or hepatitis B if you are at high or increased risk of contracting an STI or pregnant.</p> <p>Screenings are covered annually if you receive a referral from your PCP or at certain times during pregnancy.</p>

Smoking cessation counseling	Two <b>smoking cessation counseling attempts</b> 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	<p><b>Influenza (flu) shots:</b> One flu shot every flu season.</p> <p><b>Pneumococcal (pneumonia) shots:</b> Pneumonia vaccines are covered. Speak with your doctor to learn which pneumonia vaccines you need based on your age and any vaccines you already received.</p> <p><b>Hepatitis B shots:</b> Vaccination if you are at medium or high risk.</p> <p><b>COVID-19 vaccine:</b> This vaccine has been authorized for limited emergency use, meaning that the vaccine is not yet approved for or available to everyone. Speak with your doctor to learn more about eligibility to receive the vaccine and its availability in your state. Original Medicare Part B covers the vaccine, regardless of whether you have Original Medicare or a Medicare Advantage Plan.</p>
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	<b>Barium enema:</b> 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.