



CENTERS FOR MEDICARE & MEDICAID SERVICES

# Staying Healthy

## Medicare's preventive services

**A**n easy and important way to stay healthy is to get disease prevention and early detection services. They 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, and how often you should get them to stay healthy. If you have Medicare Part B, you get many preventive services at no cost to you.

### What you'll pay

If you have Medicare Part B, you'll pay nothing for many preventive services if you get them from a qualified doctor or other health care provider who accepts assignment. Assignment is an agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance. If you have a Medicare health plan, some plans may not charge deductibles, copayments, or coinsurance for certain in-network, Medicare-covered preventive services. Contact your plan or benefits administrator directly to learn more about your costs. For more information about Medicare health plans, visit [Medicare.gov/sign-up-change-plans/different-types-of-medicare-health-plans](https://www.Medicare.gov/sign-up-change-plans/different-types-of-medicare-health-plans).

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## Medicare covers these preventive services:

### Abdominal aortic aneurysm screenings

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.

## Medicare covers these Preventive Services: (continued)

### **Alcohol misuse screenings & counseling**

Medicare covers one alcohol misuse screening per year for adults (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). Your primary care doctor or other primary care provider must give you the counseling in a primary care setting (like a doctor's office).

### **Bone mass measurements**

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 behavioral therapy**

Medicare will cover one visit per year with your primary care doctor or other primary care provider 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**

These screenings test your cholesterol, lipid, and triglyceride levels to find out if you're at risk for a heart attack or stroke. Medicare covers a cardiovascular disease screening once every 5 years.

### **Cervical & vaginal cancer screenings**

Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. All women with Medicare can get these tests and exams once every 24 months, and women at high risk can get them once every 12 months. Medicare also covers Human Papillomavirus (HPV) tests (when given with a Pap test) once every 5 years if you're 30–65 without HPV symptoms.

### **Colorectal cancer screenings**

These tests help find colorectal cancer early, when treatment works best. If you're 45 or older, or are at high risk for colorectal cancer, Medicare covers one or more of these screening tests: fecal occult blood test, blood-based biomarker 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 colorectal cancer. You and your doctor decide which test is best for you.

## **Counseling to prevent tobacco use & tobacco-caused disease**

Medicare covers smoking and tobacco-use cessation counseling for people who use tobacco. You can get up to 8 counseling sessions in a 12-month period if you use tobacco.

## **Depression screening**

Medicare covers one depression screening per year for all people with Medicare. You must get the screening in a primary care setting (like a doctor's office) where you can get follow-up treatment and referrals, if needed.

## **Diabetes screenings**

Medicare covers blood screening tests to check for diabetes or pre-diabetes. You can get these tests if you're considered at risk for diabetes if you're obese, or if you have high blood pressure, a history of abnormal cholesterol and triglyceride levels (dyslipidemia), or a history of high blood sugar. Medicare also covers these tests if you meet 2 or more of these criteria: 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 your test results, you may be eligible for up to 2 screenings each year.

## **Diabetes self-management training**

This training teaches you how to cope with and manage your diabetes. Your training may include tips for eating healthy, being active, monitoring blood sugar, taking medication, and reducing risks. Medicare covers this training if you have diabetes and you get 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 check for 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.

## Medicare covers these Preventive Services: (continued)

### **Hepatitis B Virus (HBV) infection screenings**

Medicare covers HBV infection screenings for people at high risk for HBV infection and pregnant women. Medicare will only cover these screenings if a primary care provider orders them. Medicare covers HBV infection screenings yearly for those with continued high risk who don't get a Hepatitis B vaccination. Medicare also covers these screenings for pregnant women at the first prenatal visit for each pregnancy, at the time of delivery for those with new or continued risk factors, and at the first prenatal visit for future pregnancies (even if you previously got the Hepatitis B shot or had negative HBV screening results).

### **Hepatitis C screening tests**

Medicare covers a one-time Hepatitis C screening test for people born between 1945 and 1965. Medicare also covers yearly screenings for certain people at high risk, including those who use or have used illicit injection drugs, or had a blood transfusion before 1992.

### **HIV screenings**

Medicare covers HIV (Human Immunodeficiency Virus) screenings if you ask for one and you're either 15-65 and not at risk, or younger than 15 or older than 65 and at increased risk. Medicare covers this test once every 12 months, or up to 3 times during a pregnancy.

### **Lung cancer screenings**

Medicare covers lung cancer screenings with low dose computed tomography once per year if you meet all of these updated conditions: you're 50-77, don't have signs or symptoms of lung cancer (asymptomatic), are a current smoker or have quit smoking within the last 15 years, have a tobacco smoking history of at least 20 "pack years" (an average of one pack (20 cigarettes) per day for 20 years), and you have an order from your doctor. Before your first lung cancer screening, you'll need to schedule an appointment with your doctor to discuss the benefits and risks and decide if a screening is right for you.

### **Mammograms (breast cancer screenings)**

Medicare covers mammograms once every 12 months for women 40 and older. Medicare also covers one baseline mammogram for women between 35-39.

## **Medicare Diabetes Prevention Program**

If you have pre-diabetes 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 weekly core sessions offered in a group setting over a 6-month period. After the core sessions, you'll get 6 monthly follow-up sessions to help you maintain healthy habits.

## **Medical nutrition therapy services**

Medicare may cover medical nutrition therapy and certain related services if you have diabetes or kidney disease, or if you've had a kidney transplant in the last 36 months. A doctor must refer you for the service(s).

## **Obesity behavioral therapy**

If you have a body mass index (BMI) of 30 or more, Medicare covers behavioral therapy sessions to help you lose weight. Medicare covers this counseling if your primary care doctor or other primary care provider gives the counseling in a primary care setting (like a doctor's office), where they can coordinate your personalized prevention plan with your other care.

## **Pneumococcal shots**

Medicare covers pneumococcal shots (or vaccines) to help prevent pneumococcal infections (like certain types of pneumonia). You can get up to 3 doses of the pneumococcal vaccine, depending on certain criteria. Talk with your doctor or other health care provider to find out which vaccine you should get.

## **Preventive visits**

**One-time “Welcome to Medicare” preventive visit**—Medicare covers a review of your medical and social history related to your health, and education and counseling about preventive services (like screenings, shots, and referrals for other care you may need). Medicare covers this visit within the first 12 months that you have Medicare Part B.

**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 your personalized plan to help prevent disease and disability, based on your current health and risk factors. Medicare covers this visit once every 12 months. The yearly “Wellness” visit isn't a physical exam.

## Medicare covers these Preventive Services: (continued)

### **Prostate cancer screenings**

These screenings check for prostate cancer. Medicare covers a digital rectal exam and a Prostate Specific Antigen (PSA) blood test once every 12 months for men over 50 (starting the day after your 50th birthday).

### **Sexually transmitted infections screenings & counseling**

Medicare covers sexually transmitted infection screenings for chlamydia, gonorrhea, syphilis, and Hepatitis B. Medicare covers these screenings for pregnant women and for certain people who are at increased risk for a sexually transmitted infection. Your primary care doctor or other primary care provider must order the screening or refer you for behavioral counseling. Medicare covers these screenings once every 12 months or at certain times during pregnancy. Medicare also covers up to 2 behavioral counseling sessions each year. Medicare will only cover counseling sessions with a Medicare-eligible primary care provider in a primary care setting (like a doctor's office). Medicare won't cover counseling as a preventive service in an inpatient setting (like a skilled nursing facility).



### **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 log into (or create) your secure Medicare account at [Medicare.gov](https://www.Medicare.gov) where you can see a list of preventive services you're eligible to get in Original Medicare. Through your account, you can also get other personal Medicare information, view your Medicare claims, print a copy of your official Medicare card, pay your Medicare premiums if you get a bill from Medicare, and more.



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.

This product was produced at U.S. taxpayer expense.