



Medicare Preventive Services

An Informational Fact Sheet



LOCAL HELP FOR PEOPLE WITH MEDICARE

1-800-963-5337

SHINE, The Florida Department of Elder Affairs

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“Maybe it will go away,” is a phrase many individuals have heard at some point in their lives, but this is not always the best way to address health conditions. A healthier life may be accomplished through the use of Medicare’s “preventive services.” Medicare covers a broad range of services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided. Services include exams, lab tests, screenings, shots, monitoring and information to help individuals take care of their own health.

The information found in this fact sheet was obtained from *The Centers for Medicare & Medicaid Services* and is provided by the **SHINE** (Serving Health Insurance Needs of Elders) Program in an effort to help Medicare consumers and their caregivers understand and make informed choices. SHINE provides free, unbiased insurance counseling assistance through a network of trained volunteer counselors. Confidentiality and privacy are adhered to in accordance with HIPAA (Health Insurance Portability and Accountability Act) standards. For assistance, contact a **SHINE Counselor** by calling the Elder Helpline at **1-800-96-ELDER (963-5337)**.

Service	Who is Covered	Frequency	Beneficiary Pays
Initial Preventive Physical Examination <i>(a.k.a. the Welcome to Medicare Physical Exam)</i>	All Medicare beneficiaries whose first Part B coverage began on or after January 1, 2005	Once in a lifetime benefit per person <i>(Must be furnished no later than 6 months after the effective date of the Medicare Part B coverage)</i>	* Copayment/coinsurance * Deductible
Cardiovascular Disease Screening	All asymptomatic Medicare beneficiaries <i>(12-hour fast is required prior to testing)</i>	Every 5 years	* No copayment/coinsurance * No deductible
Diabetes Screening Test <i>(requires a physician or non-physician referral)</i>	Medicare beneficiaries with certain diabetes risk factors or diagnosed with pre-diabetes <i>(beneficiaries previously diagnosed w/diabetes are not eligible for this benefit)</i>	* 2 screening tests per year for individuals diagnosed w/pre-diabetes * 1 screening per year if previously tested but not diagnosed with pre-diabetes, or if never tested	* No copayment/coinsurance * No deductible
Diabetes Self-Management Training <i>(physician must certify training is needed)</i>	Medicare beneficiaries at risk for complications from diabetes, recently diagnosed w/diabetes, or previously diagnosed w/diabetes	* 10 hours of initial training within a continuous 12-month period * Subsequent years: up to 2 hours of follow-up training each year	* Copayment/coinsurance * Deductible
Medical Nutrition Therapy <i>(requires a physician referral)</i>	Medicare beneficiaries diagnosed with diabetes or a renal disease	* 1 st year – 3 hours of one-on-one counseling * Subsequent years – 2 hrs.	* Copayment/coinsurance * Deductible
Screening Pap Tests	All female Medicare beneficiaries	* Annually if high-risk, or childbearing age with an abnormal Pap test within the past 3 years * Every 24 months all other women	* Copayment/coinsurance * No deductible (Note: No copayment or coinsurance for Pap lab test)
Screening Pelvic Exam	All female Medicare beneficiaries	* Annually if high-risk, or childbearing age with an abnormal Pap test within the past 3 years * Every 24 months all other women	* Copayment/coinsurance * No deductible

Service	Who is Covered	Frequency	Beneficiary Pays
Screening Mammography	All female Medicare beneficiaries age 40 or older	Annually	* Copayment/coinsurance * No deductible
	Female Medicare beneficiaries ages 35 - 39	One baseline	
Colorectal Cancer Screening	* Medicare beneficiaries age 50 and older * For screening colonoscopy: individuals at high risk; no minimum age requirement * No minimum age for having a barium enema as an alternative to a high risk screening colonoscopy if the beneficiary is at high risk	* <u>Fecal Occult</u> : Annually * <u>Flexible Sigmoidoscopy</u> : every 4 yrs, or once every 10 yrs. after having a screening colonoscopy * <u>Screening Colonoscopy</u> : every 24 months at high risk; every 10 yrs. not at high risk * <u>Barium Enema</u> : every 24 months at high risk; every 4 yrs. not at high risk	* No copayment, coinsurance, or deductible for fecal occult blood tests * For all other tests a copayment/coinsurance and deductible apply
Prostate Cancer Screening	All male Medicare beneficiaries 50 or older (<i>coverage begins the day after 50th birthday</i>)	Annually (Digital Exam and PSA test)	* Copayment/coinsurance * Deductible
Bone Mass Measurements	Medicare beneficiaries at risk for developing Osteoporosis	Every 24 months (<i>more frequently if medically necessary</i>)	* Copayment/coinsurance * Deductible
Glaucoma Screening	Medicare beneficiaries w/diabetes mellitus, family history of glaucoma, African-Americans age 50 and over, or Hispanic-Americans age 65 and over	Annually for beneficiaries in one of the high-risk groups	* Copayment/coinsurance * Deductible
Influenza (Flu) Shots	All Medicare beneficiaries	Once per flu season in the fall or winter (additional shots if necessary)	* No copayment/coinsurance * No deductible
Pneumococcal Shots	All Medicare beneficiaries	Once in a lifetime (<i>Medicare may provide additional vaccinations based on risk</i>)	* No copayment/coinsurance * No deductible
Hepatitis B (HBV) Shots	Medicare beneficiaries at medium to high risk for Hepatitis B	Scheduled dosages required	* Copayment/coinsurance * Deductible
Smoking & Tobacco Use Cessation Counseling	Medicare beneficiaries who use tobacco and have a disease or adverse health effect linked to tobacco use or take certain therapeutic agents whose metabolism or dosage is affected by tobacco use	2 cessation attempts per yr. Each attempt includes a maximum of 4 intermediate or intensive sessions, up to 8 sessions in a 12-month period	* Copayment/coinsurance * Deductible

My.Medicare.gov - Personalized Medicare information is available to beneficiaries or their representatives at anytime on the <http://My.Medicare.gov> Web site. Individuals may track their health care claims, check their Part B deductible status, view eligibility information, track the preventive services used and still available, find their Medicare health plan or prescription plan, or search for a new one. This keeps their Medicare information in one convenient place. Beneficiaries will need to complete a brief registration process to be able to access this personal information.

Assistance - If you have further questions about the information in this fact sheet, please feel free to contact the **SHINE** (Serving Health Insurance Needs of Elders) Program by calling the Elder Helpline at **1-800-96-ELDER (963-5337)** and ask for a **SHINE Counselor**. Our Web site is: <http://www.FloridaSHINE.org>.

Information included in this fact sheet was obtained from The Centers for Medicare & Medicaid Services and prepared as a general service to the public. Please do not attach or incorporate this into any other publication. If you seek further information, we encourage readers to review specific Medicare publications or visit their Web site at <http://www.medicare.gov>.