



Medicare Preventive Services

An Informational Fact Sheet



LOCAL HELP FOR PEOPLE WITH MEDICARE

1-800-963-5337

The Florida Department of Elder Affairs, SHINE Program

143211

“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 toll-free Elder Helpline at **1-800-96-ELDER (1-800-963-5337)**.

Service	Who is Covered	Frequency	Beneficiary Pays
“Welcome to Medicare” Physical Exam	All Medicare beneficiaries “new” to Medicare.	Once in a lifetime benefit per <i>person</i> (Must be given no later than 12 months after Part B first begins)	\$ 0
Annual Wellness Visit	All Medicare beneficiaries.	Once every 12 months	\$ 0
EKG Screening	All Medicare beneficiaries if you get a referral as a result of your “Welcome to Medicare” physical exam.	This is a one-time benefit.	* 20% Coinsurance to doctor * 20% Coinsurance to facility if test done in a hospital setting
Abdominal Aortic Aneurysm Screening (an ultrasound)	All Medicare beneficiaries with certain risk factors if you get a referral as a result of the “Welcome to Medicare” exam.	Once in a lifetime benefit per eligible beneficiary	\$ 0
Cardiovascular Disease Screening	All Medicare beneficiaries (A 12-hour fast is required prior to testing)	Every 5 years	* 20% Coinsurance for doctor visit
Diabetes Screening	All Medicare beneficiaries who are at risk for diabetes.	* 2 tests per year (based on results of screening tests)	* 20% Coinsurance for doctor visit
Diabetes Self-Management Training (physician must certify training is needed)	Medicare beneficiaries with diabetes.	* 10 hours of initial training within a 12 month period * Subsequent years: 2 hrs. of training each year	* 20% Coinsurance * Part B Deductible (\$162)
Medical Nutrition Therapy	Medicare beneficiaries diagnosed with diabetes, renal disease or had kidney transplant in last 3 years.	* 1 st year: 3 hours of one-on-one counseling * Subsequent years: 2 hrs.	\$ 0
Cervical and Vaginal Cancer Screening (Includes Pap test, pelvic exam and breast 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	\$ 0
Screening Mammography	All female Medicare beneficiaries age 40 or older	Once every 12 months	\$ 0
	Female Medicare beneficiaries ages 35 - 39	One baseline mammogram	\$ 0

Service	Who is Covered	Frequency	Beneficiary Pays
HIV Screening	Medicare beneficiaries at risk or who are pregnant, including anyone asking for the test.	Once every 12 months or up to 3 times during a pregnancy.	No cost for the test, but there is a 20% co-insurance for the doctor's visit.
Colorectal Cancer Screening	<p>* Medicare beneficiaries age 50 and older</p> <p><u>For screening colonoscopy:</u> individuals at high risk; no minimum age requirement</p> <p><u>Barium Enema:</u> no minimum age for having a barium enema as an alternative to a high risk screening colonoscopy if the beneficiary is at high risk</p>	<p>* <u>Fecal Occult:</u> Annually</p> <p>* <u>Flexible Sigmoidoscopy:</u> every 4 yrs, or once every 10 yrs. after having a screening colonoscopy</p> <p>* <u>Screening Colonoscopy:</u> every 24 months at high risk; every 10 years if not at high risk</p> <p>* <u>Barium Enema:</u> every 24 months at high risk; every 4 years if not at high risk</p>	<p>* No charge for test * 20% Coinsurance for doctor</p> <p>* No charge for test * 20% Coinsurance if biopsy or growth removal is needed</p> <p>* No charge for test * 20% Coinsurance if biopsy or growth removal is needed</p> <p>* 20% Coinsurance for doctor * 20% Copayment if in an outpatient hospital setting</p>
Prostate Cancer Screening	All male Medicare beneficiaries 50 or older (<i>coverage begins the day after 50th birthday</i>)	Once every 12 months: * Digital Exam * PSA test	<p>* 20% Coinsurance (digital ex.) * Part B Deductible (\$162) * No charge for PSA test</p>
Bone Mass Measurements	Medicare beneficiaries at risk for developing Osteoporosis	Every 24 months (<i>more frequently if medically necessary</i>)	\$ 0
Glaucoma Screening	All Medicare beneficiaries whose doctor indicates they are at high risk for glaucoma.	Once every 12 months	<p>* 20% Coinsurance to doctor * Part B Deductible (\$162)</p>
SHOTS: Influenza (Flu)	All Medicare beneficiaries	Once per flu season in the fall or winter (<i>additional shots provided if necessary</i>)	\$ 0
Pneumococcal	All Medicare beneficiaries	Once in a lifetime (<i>Medicare may provide additional vaccinations based on risk</i>)	\$ 0
Hepatitis B	Medicare beneficiaries at medium to high risk for Hepatitis B	Scheduled dosages required (Three shots needed for complete protection)	\$ 0
Tobacco Use Cessation Counseling	Medicare beneficiaries who haven't been diagnosed with an illness caused by tobacco use.	Eight face-to-face sessions in a 12-month period	\$ 0

MyMedicare.gov - Personalized Medicare information is available to beneficiaries or their representatives at anytime on the <http://MyMedicare.gov> website. Individuals may track their own 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 toll-free Elder Helpline at **1-800-96-ELDER (1-800-963-5337)** and ask for a **SHINE Counselor**. Our website 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 website at <http://www.medicare.gov>.