



Medicare Part B Preventive Services

(Medicare Advantage Plan co-pays for these services may vary)

Updated 10/16

COVERED SERVICES	ELIGIBLE BENEFICIARIES	BENEFICIARY COST
“WELCOME TO MEDICARE EXAM” (Billing code is G0402)	All beneficiaries (one time only within first 12 months of joining Part B)	No Cost
----- ANNUAL WELLNESS VISIT (AWV) (Billing code for first AWV is G0438 and G0439 for all other AWVs)	Beneficiaries with Part B for more than 12 months	No cost
ADVANCE CARE PLANNING	All beneficiaries	No cost if done at AWV
ABDOMINAL AORTIC ANEURYSM SCREENING Once in a lifetime	Beneficiaries w/ risk factors: family history, male aged 65-75, having smoked 100 cigarettes	No Cost
ALCOHOL MISUSE SCREENING & COUNSELING Once every 12 months	All beneficiaries	No cost
BONE MASS MEASUREMENTS Once every 24 months. More often if medically necessary	Beneficiaries at risk for osteoporosis or meet other criteria	No cost
CARDIOVASCULAR SCREENING <ul style="list-style-type: none"> ▪ Blood pressure monitoring and counseling. Once every 12 months ▪ Blood tests for cholesterol, fat or lipids, and triglyceride levels Once every 5 years 	All beneficiaries	No cost
COLORECTAL CANCER SCREENING <p>Fecal Occult Blood Test Once every 12 months</p> ----- <p>Flexible Sigmoidoscopy Once every 48 months or 10 years after previous colonoscopy if not at high risk</p> ----- <p>Colonoscopy Once every 24 months if at high risk for colon cancer – once every 10 years if not at high risk or 48 months after a flexible sigmoidoscopy</p> ----- <p>Barium Enema Once every 48 months or 24 months if high risk, when used instead of a sigmoidoscopy or colonoscopy</p> ----- <p>Multi-target stool DNA test (Cologuard™) Once every 3 years</p>	All beneficiaries age 50 and over ----- All beneficiaries age 50 and over ----- All beneficiaries ----- All beneficiaries age 50 and over ----- Beneficiaries between age 50-85; no signs of colorectal disease & at average risk for colorectal cancer	No cost for test, but you generally have to pay 20% of the Medicare-approved amount for the doctor’s visit ----- No cost ----- No cost ----- 20% of the Medicare-approved amount for the doctor’s services. In out-patient hospital setting, you also have co-payment ----- No cost
DEPRESSION SCREENING Once every 12 months	All beneficiaries	No cost

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DIABETES SCREENING LAB TESTS Up to two diabetes screenings per year based on risk factors and results of screenings. Includes fasting plasma glucose test	Beneficiaries with risk factors (high blood pressure, abnormal cholesterol levels, obesity, or history of high blood sugar)	No cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit
DIABETES SELF-MANAGEMENT TRAINING Education for people who have diabetes Doctor must refer for service	Beneficiaries at risk for complications from diabetes	20% of the Medicare-approved amount after the yearly Part B deductible
GLAUCOMA TESTING Once a year for people at high risk for glaucoma. Test conducted/supervised by ophthalmologist/optometrist	Beneficiaries at high risk (diabetes/family history; African Americans 50+ ; Hispanic +)	20% of the Medicare-approved amount after the yearly Part B deductible.
HEPATITIS C SCREENING Single once-in-a-lifetime test for most. Repeat screening for certain people at high risk	Beneficiaries born between 1945-1965 or at high risk	No cost
HIV SCREENING Covered once every 12 months or up to 3 times during a pregnancy	All beneficiaries	No cost for the test, but you generally have to pay the doctor 20% of the Medicare-approved amount for the doctor's visit
LUNG CANCER SCREENING Low Dose Computed Tomography (LDCT). Once every 12 months	Beneficiaries between age 55-77 who are current smokers/quit in the last 15 years, with a smoking history (30 "pack years")	No cost
MAMMOGRAMS Once every 12 months	All female beneficiaries age 40+ and older	No cost
MEDICAL NUTRITION THERAPY Nutrition counseling to help manage diabetes or kidney disease – doctor must refer for service	Beneficiaries with diabetes or kidney disease	No cost
OBESITY SCREENING & COUNSELING Individuals with BMI > 30 are eligible for intensive counseling.	All beneficiaries	No cost (if counseling is provided in a primary care setting)
PAP TESTS AND PELVIC EXAMS Once every 2 years. Once every year if at high risk for cervical cancer or abnormal Pap in past 3 years	All female beneficiaries	No cost
PROSTATE CANCER SCREENING Digital Rectal Exam and Prostate Specific Antigen (PSA). Once every 12 months	All male beneficiaries age 50 and over	No cost for PSA test. 20% Medicare-approved amount after Part B deductible for doctor's visit
SHOTS (VACCINATIONS) <i>Flu Shot</i> Once per year ----- <i>Pneumococcal (Pneumonia) Shot</i> Initial shot for all who never received shot under Part B. Second shot given 11 months after first ----- <i>Hepatitis B Shots</i> Talk with your doctor	All beneficiaries ----- All beneficiaries ----- Beneficiaries at risk	No cost ----- No cost ----- No cost
SMOKING CESSATION Counseling for 2 cessation attempts for total of 8 visits within a 12-month period	Beneficiaries not diagnosed with an illness caused or complicated by tobacco use	No cost
STI (Sexually Transmitted Infection) SCREENING & COUNSELING Lab tests for STIs	Beneficiaries at risk	No cost