

# Medicare's Preventive Services

## *Free Preventive Services for People in Medicare*

Medicare covers a wide array of preventive services for eligible beneficiaries, including cancer screenings, glaucoma screenings, an initial preventive physical examination, and certain immunizations, among others. Starting in 2011, in an effort to help seniors and their doctors prevent disease and identify and treat illness early, the Affordable Care Act eliminated Part B coinsurance and deductibles for the majority of preventive screenings and services.

A list of the Medicare-covered preventive services, including information about eligibility, frequency, and whether there is beneficiary cost sharing is attached in the Appendix.

In 2011, Medicare began covering a new service, an Annual Wellness Visit with the doctor of their choice, at no cost to beneficiaries. As part of that visit, beneficiaries and their physicians can review the patient's health and develop a personalized wellness plan. The new annual wellness visit can help spark the beginning of an ongoing conversation between patients and their doctors on how to prevent disease and disability. During this visit, beneficiaries can review their medical histories and make sure their primary care physician knows about all other providers and prescriptions. The Annual Wellness visit complements the Welcome to Medicare Exam, which is also available at no cost to Medicare beneficiaries within the first 12 months of enrolling in Medicare Part B.

Improving utilization of the Medicare-covered preventive benefits can improve the health and quality of life for Medicare beneficiaries, and potentially lower Medicare costs due to a decrease in preventable illnesses over time.

**One in six beneficiaries have utilized one of the free preventive services provided by traditional Medicare**

Between January 1 and June 10, 2011, over 5.5 million beneficiaries in traditional Medicare used one or more of the preventive benefits now covered without cost-sharing, most prominently, mammograms, bone density screenings, and screenings for prostate cancer. This is 16 percent – almost one in six – of the more than 33 million Americans who had traditional Medicare in June 2011.

## **The Aging Network is critical to ensuring beneficiaries learn about and take advantage of their Medicare preventive services**

"The Administration on Aging network of service providers are the 'boots on the ground' in reaching people on Medicare," said Assistant Secretary for Aging Kathy Greenlee. And to this end, the State Health Insurance Assistance Program (SHIP) and Information and Referral (I&R) services are vital to making sure beneficiaries have the tools and resources to access Medicare's preventive services.

To increase awareness about Medicare's preventive benefits, the Centers for Medicare and Medicaid Services (CMS) has launched a national multi-prong, multi-media publicity campaign, *Share the News, Share the Health*. The campaign will run throughout the summer, with online advertisements and community events across the country starting in July. CMS is also releasing a nationwide public service announcement that is available on [www.youtube.com/CMSHHSgov](http://www.youtube.com/CMSHHSgov).

User-friendly information about prevention is also available for Medicare beneficiaries and their caregivers at <http://Medicare.gov/sharethehealth>, and in Spanish at <http://es.Medicare.gov/sharethehealth>. Also, Medicare's dedicated caregivers' website, "Ask Medicare" [www.Medicare.gov/caregivers](http://www.Medicare.gov/caregivers), now has a prevention section especially for caregivers.

## Medicare's Covered Preventive Services

Medicare covers preventive services for beneficiaries enrolled in either traditional Medicare or Medicare Advantage (Medicare Part C, private health plan). However, costs and rules may differ if a beneficiary is enrolled in a Medicare Advantage plan – contact the individual plan to find out more information about the covered preventive services.

Service	Who is Eligible	How Frequently	Beneficiary's Cost
<b>"Welcome to Medicare Exam"</b> (also known as <b>Initial Preventive Physical Examination (IPPE)</b> )	Enrollees in Part B within first 12 months of enrollment	Once in a lifetime benefit per beneficiary	None
<b>Annual Wellness Visit (AWV)</b>	Enrollees in Part B after first 12 months of enrollment who have not received an IPPE or AWV within the past 12 months	Annually	None
<b>Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)</b>	Part B enrollees with certain risk factors for abdominal aortic aneurysm	Once in a lifetime based on referral resulting from a Welcome to Medicare Exam	None
<b>Cardiovascular Disease Screenings</b>	All Part B enrollees	Every 5 years	None
<b>Diabetes Self-Management Training (DSMT)</b>	Part B enrollees diagnosed with diabetes	<ul style="list-style-type: none"> <li>• First year: Up to 10 hours of initial training</li> <li>• Subsequent years: Up to 2 hours of follow-up training annually</li> </ul>	Deductible and coinsurance/copayment
<b>Tobacco cessation counseling</b>	Part B enrollees who use tobacco when counseled by a Medicare-recognized counselor	<ul style="list-style-type: none"> <li>• Two cessation attempts of up to 4 intermediate or intensive sessions per year</li> </ul>	None

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<b>Diabetes Screening Tests</b>	Part B enrollees with certain risk factors for diabetes or diagnosed with pre-diabetes	<ul style="list-style-type: none"> <li>• 2 per year for beneficiaries diagnosed with pre-diabetes</li> <li>• 1 per year if previously tested, but not diagnosed with pre-diabetes, or if never tested</li> </ul>	None
<b>Medical Nutrition Therapy (MNT)</b>	Part B enrollees diagnosed with diabetes, renal disease, or who have had a kidney transplant within the last three years	<ul style="list-style-type: none"> <li>• First year: 3 hours of one-on-one counseling</li> <li>• Subsequent years: 2 hours</li> </ul>	None
<b>Screening Pap Test</b>	Female Part B enrollees	<ul style="list-style-type: none"> <li>• Annually if at high-risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years</li> <li>• Every 24 months for all other women</li> </ul>	None
<b>Screening Mammography</b>	Female Part B enrollees aged 35 and older	<ul style="list-style-type: none"> <li>• Aged 35 through 39: One baseline</li> <li>• Aged 40 and older: Annually</li> </ul>	None
<b>Hepatitis B (HBV) Vaccine</b>	Part B enrollees at intermediate or high risk who do not at the time of the vaccine test positive for antibodies for hepatitis B	<ul style="list-style-type: none"> <li>• Scheduled dosages required</li> </ul>	None

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<p><b>Bone Mass Measurements</b></p>	<ul style="list-style-type: none"> <li>Female Part B enrollees who are estrogen deficient and at clinical risk for osteoporosis</li> <li>Part B enrollees with: vertebral abnormalities; receiving (or expecting to receive) glucocorticoid therapy for more than 3 months; primary hyperparathyroidism; or being monitored to assess response to osteoporosis drug therapy</li> </ul>	<ul style="list-style-type: none"> <li>Every 24 months</li> <li>More frequently if medically necessary</li> </ul>	<p>None</p>
<p><b>Colorectal Cancer Screening</b></p>	<p>Part B enrollees age 50 and older</p>	<p><b>Normal risk:</b></p> <ul style="list-style-type: none"> <li>Fecal Occult Blood Test (FOBT) every year;</li> <li>Flexible Sigmoidoscopy every 4 years (or at least 119 months after a screening colonoscopy);</li> <li>Screening Colonoscopy every 10 years (or at least 47 months after a screening flexible sigmoidoscopy);</li> <li>Barium Enema (alternative to screening flexible sigmoidoscopy)</li> </ul> <p><b>High risk:</b></p> <ul style="list-style-type: none"> <li>FOBT every year'</li> <li>Flexible Sigmoidoscopy once every 4 years;</li> <li>Screening Colonoscopy every 2 years (or at least 47 months after a screening flexible sigmoidoscopy)</li> <li>Barium Enema (alternative to screening colonoscopy)</li> </ul>	<p>None except deductible and copayment/coinsurance apply to barium enema, and copayment/coinsurance apply to screening colonoscopy where polyps or other abnormalities are found and treated – so people have to pay if they have to have a polyp removed during a colonoscopy, but no payment if no abnormalities?</p>

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<b>Glaucoma Screening</b>	Part B enrollees: <ul style="list-style-type: none"> <li>with diabetes mellitus;</li> <li>family history of glaucoma;</li> <li>African-Americans aged 50 and Older; or</li> <li>Hispanic-Americans aged 65 and older</li> </ul>	Annually	Deductible and copayment/coinsurance
<b>Prostate Cancer Screening</b>	Male Part B enrollees aged 50 and Older	Annually	<ul style="list-style-type: none"> <li>Digital rectal examination – Deductible and copayment/coinsurance</li> <li>Prostate-specific antigen (PSA) test – None</li> </ul>
<b>Seasonal Influenza Virus Vaccine</b>	Part B enrollees	Once per influenza season in the fall or winter; but Medicare may provide additional flu shots if medically necessary	None
<b>Pneumococcal (Pneumonia) Vaccine</b>	Part B enrollees	Once in a lifetime; but Medicare may provide additional vaccinations based on risk if at least 5 years have passed since receipt of a previous dose	None
<b>Human Immunodeficiency Virus (HIV) Screening</b>	Beneficiaries who are at increased risk for HIV infection or pregnant	<ul style="list-style-type: none"> <li>Annually for beneficiaries at increased risk;</li> <li>Three times per pregnancy for beneficiaries who are pregnant: <ul style="list-style-type: none"> <li>When pregnancy is determined;</li> <li>During the 3rd trimester;</li> <li>At time of labor, if ordered by clinician</li> </ul> </li> </ul>	None