Medicare Preventive Services: Information for Aging and Disability Networks

What are Medicare's Preventive Services?

Preventive services are designed to detect health issues early, before they develop into chronic illness or disease. About 80 percent of older adults live with one or more chronic conditions, such as high blood pressure, diabetes, coronary heart disease, and high cholesterol, making early detection especially important to supporting whole-person health.

Preventive services can help keep older adults and individuals with disabilities healthy, potentially delaying or avoiding the need for more costly medical care, as well as long-term services and supports, such as those through the Older Americans Act and Medicaid.

How are Medicare Preventive Services Covered?

Medicare covers many preventive services, such as vaccines/shots, screenings (cancer, diabetes, heart), and wellness visits, at little or no cost when beneficiaries see a participating provider. These benefits support the broader goal of helping Medicare beneficiaries stay healthy and lower the likelihood of hospitalization and expensive long-term treatments.

Beneficiaries enrolled in Original Medicare receive services through Part B. Medicare Advantage plans cover the same preventive services, though network rules may apply. Check with the plan for details.

Which Preventive Services Does Medicare Cover?

Medicare covers a wide range of preventive services, including, but not limited to:

- **Welcome to Medicare Visit and Annual Wellness Visits:** Includes a personalized health plan, medication review, and health risk assessment – not a head-to-toe exam. Cognitive and functional assessments, including fall risks, are also conducted during an annual wellness visit.
- **Vaccines:** Flu, pneumonia, Hepatitis B, COVID-19.
- **Cancer Screenings:** Mammograms, cervical and vaginal, colorectal (e.g., colonoscopy, stool tests), prostate, lung (for high-risk).
- **Heart Health:** Blood pressure, cholesterol/lipid screening, and abdominal aortic aneurysm ultrasound (for high-risk).
- **Diabetes:** Screenings, self-management training, and the Medicare Diabetes Prevention Program.
- **Mental Health:** Depression screening, alcohol misuse screenings, and smoking cessation counseling.
- **Other:** Glaucoma, HIV, Hepatitis C, Bone Mass Measurement (osteoporosis), Obesity Behavioral Therapy, and Sexually Transmitted Infections Screenings and Counseling.

For a full list, visit Medicare.gov/coverage/preventive-screening-services.

How often are preventive services covered under Medicare?

Coverage frequency varies and may depend on the individual's risk level. For example, colonoscopy screenings are covered once every 24 months for beneficiaries at high risk for colorectal cancer, and once every 120 months for those who are not high risk.

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How much does a Medicare Beneficiary Pay for a Preventive Service?

No Cost:
Most preventive services are covered at 100%, with no deductibles or copays. Beneficiaries who receive Medicare benefits through Original Medicare must see a provider that accepts Medicare and meet applicable coverage guidelines. Those enrolled in a Medicare Advantage plan may need to see a participating provider for full coverage.

Potential Costs:
If a provider identifies and treats a new or existing condition during a preventive visit, the resulting diagnosis or treatment services may carry separate costs, such as a deductible, coinsurance, or copay.

What are the Challenges to Accessing Preventive Services?

Some beneficiaries face barriers to reaching their medical provider and obtaining preventive care, including transportation and digital access challenges. In these situations, beneficiaries may rely on others or public transportation to access care or could delay care. While virtual health care visits may be an option for some who have difficulty meeting with providers in person, only 43 percent of respondents to the 2023-2024 National Core Indicators Aging and Disabilities™ Adult Consumer Survey, on average, spoke with a health professional via video conference or telehealth.

What Key Points Should Aging and Disability Networks Consider? As Aging and Disability professionals interact with Medicare beneficiaries, it's important to:

- **Become familiar with Medicare's covered preventive benefits** to provide accurate guidance. Many individuals and caregivers are unaware that services such as cognitive assessments (included in Annual Wellness Visits) and mental health screenings, like depression screenings, are covered by Medicare. Through MIPPA funding, organizations such as AAAs, ADRCs/No Wrong Door Systems, and State Health Insurance Assistance Programs (SHIPs) play a key role in increasing community awareness of these preventive benefits.
- **Help to identify and address barriers to service access**, such as transportation and digital barriers.
- **Incorporate information on Medicare preventive services into health promotion and wellness activities and outreach**. Include information on the cost-saving benefits of preventive care, such as zero out-of-pocket costs for many preventive services.
- **Know referral resources for consumers** who have questions or concerns about their Medicare coverage of such benefits, like SHIPs.

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