

Thank you for taking the time to review the many preventive services available under Medicare. You are encouraged to speak with your doctor about them.

If you have questions, please contact:

Centers for Medicare and Medicaid Services

www.medicare.gov
1-800-633-4227

Senior Health Insurance Benefits Assistance (SHIBA)

www.oregonshiba.org
1-800-722-4134



Medicare's Preventive Services in 2011

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The information in this handout was taken from Medicare publication 10110. NorthWest Senior & Disability Services strives to update the information when Medicare gives notice of changes, but cannot guarantee updates will be received in a timely fashion. Please do not rely solely on this handout for medical or legal information or advice.

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These two pages provide an overview of Medicare’s preventive services. If your doctor or hospital accepts Medicare’s approved service amounts (assignment), most of these services are available at little or no cost. A few services require you meet the Medicare Part B annual deductible and pay a copay. You may be charged a copay to access the services on these two pages (such as a copay for the doctor’s visit or facility use).

Initial and Yearly Visits

Preventive Service	Details
One-time “Welcome to Medicare” Physical Exam (Visit)	Covered once within the first 12 months of Medicare Part B enrollment
Yearly “Wellness” Visit	Available once every 12 months (after first 12 months of enrollment in Medicare Part B <u>or</u> 12 months after “Welcome to Medicare” physical exam)

Other Services

Preventive Service	Details
Abdominal Aortic Aneurysm Screening	Covered once if found to be at risk and receive a referral during the “Welcome to Medicare” physical exam (unless screening was previously done)
Bone Mass Measurement	Covered once every 24 months if found to be at risk for osteoporosis (more often if medically necessary)
Cardiovascular Disease Screening	Covered once every 5 years
Fecal Occult Blood Test	For persons age 50 or older, covered once every 12 months
Flexible Sigmoidoscopy	For persons age 50 or older, covered once every 48 months (or 120 months after a previous screening colonoscopy for those not at high risk)
Colonoscopy	No minimum age, covered once every 120 months (24 months for high risk or 48 months after a previous flexible sigmoidoscopy)
Barium Enema	For persons age 50 or older, covered once every 48 months when used instead of a sigmoidoscopy or colonoscopy (24 months for high risk)

Preventive Service	Details
Diabetes Screening	For people found to be at risk, covered up to two times in a 12 month period
Diabetic Services	For people with diabetes, the following are covered: self-management training, medical nutrition therapy, blood sugar testing supplies, special eye exams, Hemoglobin A1c tests, and, for some in need, insulin pumps, special foot care, and therapeutic shoes
Glaucoma Tests	For those found to be at high risk, covered once every 12 months
HIV Screening	For those at increased risk or anyone who asks, covered once every 12 months (up to 3 times during pregnancy)
Pap Test and Pelvic Exam with Clinical Breast Exam	Covered for all women once every 24 months (12 months if at high risk or childbearing age with an abnormal Pap test in the past three years)
Digital Rectal Exam	Covered once every 12 months for all men beginning the day after 50 th birthday
PSA Blood Test	Covered once every 12 months for all men beginning the day after 50 th birthday
Screening Mammogram	Covered once (baseline mammogram) for all women age 35 to 39 and once every 12 months for women age 40 and older
Tobacco Use Cessation Counseling	Up to 8 face-to-face visits with a qualified doctor or practitioner during a 12 month period are covered if not already diagnosed with an illness caused by tobacco
Influenza (“Flu”) Shot	Covered once each flu season
Pneumococcal Shot	Generally covered once, as one shot is all that is needed
Hepatitis B Shots	Covered (three shots) if found to be at medium to high risk
Medical Nutrition Therapy	For people with diabetes or kidney disease who are referred by a doctor, up to 3 hours of one-on-one counseling first 12 months and 2 hours each year after that (possibly more – doctor’s referral required yearly)