



Medicare Part B Preventive Benefits



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

Updated: 10/15/2024

| Covered Services | Eligible Beneficiaries | Beneficiary Cost |
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| "WELCOME TO MEDICARE EXAM" Billing code: G0402 | All beneficiaries (one time only within first 12 months of joining Part B) | No Cost |
| ANNUAL WELLNESS VISIT Billing code: G0438 and G0439 | Beneficiaries with Part B for more than 12 months | No Cost |
| ADVANCE CARE PLANNING | All beneficiaries | No cost if done at annual wellness visit |
| ABDOMINAL AORTIC ANEURYSM SCREENING Once in a lifetime | Beneficiaries w/risk factors: family history, male age 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 BEHAVIORAL THERAPY <i>Behavioral Health</i> One visit per year | All beneficiaries | No Cost |
| CARDIOVASCULAR DISEASE SCREENING •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 |
| CERVICAL & VAGINAL CANCER SCREENINGS <i>Pap tests and pelvic exams</i> Once every 24 months unless high risk for cervical or vaginal cancer then once every 12 months | All female beneficiaries | No Cost |
| COLORECTAL CANCER SCREENING | | |
| <i>Fecal Occult Blood Test- Once every 12 months</i> | All beneficiaries age 45 and over | No cost for test, but generally have to pay 20% of the Medicare-approved amount for the doctor's visit |
| <i>Flexible Sigmoidoscopy-Once every 48 months or 10 years after previous colonoscopy if not at high risk</i> | All beneficiaries age 45 and over | No Cost |

| Covered Services | Eligible Beneficiaries | Beneficiary Cost |
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| COLORECTAL CANCER SCREENING | | |
| <i>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</i> | All beneficiaries | No Cost |
| <i>Barium Enema</i> | All beneficiaries age 45 and over | 20% of the Medicare-approved amount for the doctor's services. In outpatient hospital setting, will have co-payment |
| <i>Multi-target stool DNS test (Cologuard™)</i> | Beneficiaries between 45-85; no signs of colorectal disease & at average risk for colorectal cancer | No Cost |
| DEPRESSION SCREENING Once every 12 months | All beneficiaries | No Cost |
| DIABETES PREVENTION PROGRAM 16 core sessions offered in a group setting over a 6-month period. Six months of follow up sessions. 12 months of maintenance sessions. | Beneficiaries with risk factors (A1C test result 5.7-6.1%; fasting plasma glucose 110-125mg/dL within 12 months, first session; BMI of 25>; not previously diagnosed w/Type 1 or Type 2 diabetes | No Cost |
| DIABETES SCREENING AND LAB TESTS •Up to 2 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 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 SCREENING TEST Once every 12 months. Test conducted/supervised by ophthalmologist or optometrist | Beneficiaries at high-risk (diabetes/family history; African Americans 50+; Hispanic 65+) | 20% of the Medicare-approved amount after the yearly Part B deductible |
| HEPATITIS B SCREENING Once every 12 months if at high risk. If pregnant, at 1st prenatal visit and time of delivery. PCP must order test. | Beneficiaries at medium or high risk for Hepatitis B | No Cost |
| HEPATITIS C SCREENING One screening test per lifetime. Repeat screenings for high risk beneficiaries. PCP must order test. | Beneficiaries born between 1945-1965 or at high risk | No Cost |

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| HIV SCREENING Covered once every 12 months OR up to 3 times during a pregnancy. | Beneficiaries between 15-65 years old & at an increased risk. | No cost for the test, but generally have to pay 20% of the Medicare approved amount for the doctor's visit |
| HIV TREATMENT Pre-exposure Prophylaxis (PrEP) using antiretroviral drugs; Individual counseling (up to 8 visits every 12 months) | Beneficiaries at risk for HIV | No Cost |
| LUNG CANCER SCREENING Low Dose Computed Tomography (LDCT)- Once every 12 months | Beneficiaries between age 50-77 who are current smokers/quit in the last 15 years, with a smoking history (20 "pack years"). Screening must be ordered by physician | 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 BEHAVIORAL THERAPY Body mass index of 30 or more: Screenings and behavioral counseling to help you lose weight by focusing on diet and exercise | Beneficiaries with a Body Mass Index of 30 or more | 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 for Part B deductible for doctor's visit |
| SHOTS (VACCINATIONS) | | |
| <i>Flu shot</i> Once per year | All beneficiaries | No Cost |
| <i>COVID-19 Vaccine</i> Frequency as recommended by FDA | All beneficiaries | No Cost |
| <i>Pneumococcal (Pneumonia) Shot</i> Initial shot for all who never received shot under Part B. Second shot given 11 months after first | All beneficiaries | No Cost |
| <i>Hepatitis B shots</i> Covers 3 shots needed for protection | Beneficiaries at risk | No Cost |
| SMOKING CESSATION Counseling for 2 cessation attempts for a 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 AND COUNSELING Lab tests for STIs | Beneficiaries at risk | No Cost |