



Medicare Part B Preventive Benefits



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

Updated: 10/2/2025

Covered Services	Eligible Beneficiaries	Beneficiary Cost
"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

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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