





# Medicare Part B Preventive Services

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

Updated 10/23

COVERED SERVICES	ELIGIBLE BENEFICIARIES	BENEFICIARY COST
<b>“WELCOME TO MEDICARE EXAM”</b> (Billing code is G0402) ----- <b>ANNUAL WELLNESS VISIT (AWV)</b> (Billing code for first AWV is G0438 and G0439 for all other AWVs)- includes cognitive assessment and opioid prescription review.	All beneficiaries (one time only within first 12 months of joining Part B) ----- Beneficiaries with Part B for more than 12 months	No cost ----- No cost
<b>ADVANCE CARE PLANNING</b>	All beneficiaries	No cost if done at AWV
<b>ABDOMINAL AORTIC ANEURYSM SCREENING</b> Once in a lifetime	Beneficiaries w/risk factors: family history, male age 65-75, having smoked 100 cigarettes	No cost
<b>ALCOHOL MISUSE SCREENING &amp; COUNSELING</b> Once every 12 months	All beneficiaries	No cost
<b>BONE MASS MEASUREMENTS</b> Once every 24 months. More often if medically necessary	Beneficiaries at risk for osteoporosis or meet other criteria	No cost
<b>CARDIOVASCULAR DISEASE</b> <ul style="list-style-type: none"> <li><b>Behavioral health</b> One visit per year</li> </ul>	All beneficiaries	No cost
<b>CARDIOVASCULAR SCREENING</b> <ul style="list-style-type: none"> <li><b>Blood pressure monitoring and counseling</b> Once every 12 months</li> <li><b>Blood tests for cholesterol, fat or lipids, and triglyceride levels</b> Once every 5 years</li> </ul>	All beneficiaries	No cost
<b>COLORECTAL CANCER SCREENING</b> <b>Fecal Occult Blood Test</b> Once every 12 months ----- <b>Flexible Sigmoidoscopy</b> Once every 48 months or 10 years after previous colonoscopy if not at high risk. ----- <b>Colonoscopy</b> 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 ----- <b>Barium Enema</b> Once every 48 months or 24 months if high Risk when used instead of a sigmoidoscopy or colonoscopy ----- <b>Multi-target stool DNA test (Cologuard™)</b> Once every 3 years	<div style="text-align: center;"></div> All beneficiaries <b>age 45</b> and over ----- All beneficiaries <b>age 45</b> and over ----- All beneficiaries ----- All beneficiaries <b>age 45</b> and over ----- Beneficiaries between <b>45-85</b> ; no signs of colorectal disease & at average risk for colorectal cancer	No cost for test, but you generally have to pay 20% of the Medicare-approved amount for the doctor’s visit. ----- No cost ----- No cost ----- 20% of the Medicare-approved amount for the doctor’s services. In outpatient hospital setting, you also have co-payment ----- No cost
<b>DEPRESSION SCREENING</b> Once every 12 months	All beneficiaries	No cost
<b>DIABETES PREVENTION PROGRAM</b> 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

COVERED SERVICES	ELIGIBLE BENEFICIARIES	BENEFICIARY COST
<b>DIABETES SCREENING AND LAB TESTS</b> <ul style="list-style-type: none"> <li>Up to 2 diabetes screenings per year based on risk factors and results of screenings</li> <li>Includes fasting plasma glucose test</li> </ul>	Beneficiaries with risk factors (high blood pressure, abnormal cholesterol levels, obesity, or history of high blood sugar)	No cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit.
<b>DIABETES SELF-MANAGEMENT TRAINING</b> 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
<b>GLAUCOMA SCREENING TEST</b> Once every 12 months. Test conducted/supervised by ophthalmologist/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
<b>HEPATITIS B SCREENING</b> 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
<b>HEPATITIS C SCREENING</b> 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
<b>HIV SCREENING</b> Covered once every 12 months or up to 3 times during a pregnancy	All beneficiaries	No cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit.
<b>LUNG CANCER SCREENING</b> 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
<b>MAMMOGRAMS</b> Once every 12 months	All female beneficiaries age 40+ and older	No cost
<b>MEDICAL NUTRITION THERAPY</b> Nutrition counseling to help manage diabetes or kidney disease-doctor must refer for service	Beneficiaries with diabetes or kidney disease	No cost
<b>OBESITY SCREENING AND COUNSELING</b> Individuals with BMI > 30 are eligible for intensive counseling	All beneficiaries	No cost (if counseling is provided in a primary care setting)
<b>PAP TESTS AND PELVIC EXAMS</b> Once every 2 years. Once every year if at high risk for cervical cancer or abnormal Pap in past 3 years.	All female beneficiaries	No cost
<b>PROSTATE CANCER SCREENING</b> 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 after Part B deductible for doctor's visit
<b>SHOTS (VACCINATIONS)</b> <i>Flu Shot</i> Once per year  <i>COVID-19 Vaccine</i> Frequency as recommended by FDA <i>Pneumococcal (Pneumonia) Shot</i> Initial shot for all who never received shot under Part B. Second shot given 11 months after first <i>Hepatitis B Shots</i> Covers 3 shots needed for protection	All beneficiaries ----- All beneficiaries ----- All beneficiaries ----- Beneficiaries at risk	No cost ----- No cost ----- No cost ----- No cost
<b>SMOKING CESSATION</b> 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
<b>STI (Sexually Transmitted Infection) SCREENING AND COUNSELING</b> Lab tests for STIs	Beneficiaries at risk	No cost