

What are Preventive Services?


Services that help prevent or lessen complications from a condition you already have, find health problems early when treatment works best, or manage medical problems. Ask your doctor which preventive services you need. Your doctor may be able to help you better understand the preventive services Medicare covers.

In Michigan:

For Questions or Concerns call the MPRO's Medicare Information Line

1-800-365-5899

711-800-365-5899 (TTY Users)



Medicare is your partner in staying healthy. To get the most from your benefits, you need to know what preventive health screenings Medicare covers.

Medical Nutrition Therapy

Medicare may cover medical nutrition therapy if you have diabetes or kidney disease and your doctor refers you for the service. You pay 20% of the Medicare-approved amount, and Part B deductible applies.

Pap Tests and Pelvic Exams (includes clinical breast exam)

Medicare covers these tests once every 24 months for women at low risk, and once every 12 months for women at high risk and for women of child-bearing age who have had an exam that indicated cancer or abnormalities in the past three years. No cost for the Pap lab test. You pay 20% of the Medicare-approved amount for Pap test collection, and pelvic and breast exams.

Prostate Cancer Screenings

Medicare covers a digital rectal exam. You pay 20% of the Medicare-approved amount, and Part B deductible applies. Prostate Specific Antigen (PSA) test once every 12 months for all men over age 50. No cost for the PSA test.

Smoking Cessation

Covered if your doctor orders it. You pay 20% of the Medicare-approved amount, and Part B deductible applies.



Phone (248) 465-7300

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Updated 1/2010



Medicare, Prevention & You

Staying Healthy, Living Well

Preventive Services Under
Medicare Part B



www.mpro.org

1-800-365-5899



What you pay for Medicare Part B Covered services

Costs for Part B services vary depending on the type of service you get and the type of plan you choose. General cost information is provided in the 2010 “Medicare & You” handbook available by calling:

**1-800- MEDICARE
(1-800-633-4227)**

TTY users should call:

1-877-486-2048

Information is also available at:

www.medicare.gov

Note: If you join a Medicare Advantage Plan (like an HMO or PPO) or have other insurance (such as a Medigap policy, or employer or union coverage), your costs may be different.

This material was prepared by MPRO, the Medicare Quality Improvement Organization for Michigan, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 9SOW-MI-6.1-6.3-09-34

Medicare’s Covered Preventive Services

“Welcome to Medicare” physical exam

A one-time review of your health. Includes education, counseling, certain screenings, shots, and referrals for other care if needed. **Important:** You must have the physical exam within six months if you have Part B for it to be covered by Medicare. You pay 20% of the Medicare-approved amount.

Part B - Covered Services

Abdominal Aortic Aneurysm Screening

A one-time screening ultrasound for people at risk (like people who have smoked). Medicare only covers this screening if you get a referral for it as a result of your “Welcome to Medicare” physical exam. You pay 20% of the Medicare-approved amount.

Bone Mass Measurement

This service is covered once every 24 months (more often if medically necessary) for people who have certain medical conditions or meet certain criteria. You pay 20% of the Medicare-approved amount, and Part B deductible applies.

Cardiovascular Screenings

To help prevent a heart attack or stroke. This service is covered every five years to test your cholesterol, lipid, and triglyceride levels. No cost for the test. However, you pay 20% of the Medicare-approved amount for the doctor’s visit.

Colorectal Cancer Screenings

To help find precancerous growths and help prevent or find cancer early, when treatment is most effective. One or more of the following tests may be covered. Refer to your 2010 “Medicare & You” handbook for details on coverage for:

- Fecal Occult Blood Test
- Flexible Sigmoidoscopy

- Screening Colonoscopy
- Barium Enema

You pay coinsurance for all tests except Fecal Occult Blood Test. If you get a flexible colonoscopy or screening colonoscopy in an outpatient hospital setting or an ambulatory surgical center, you pay the 25% of the Medicare-approved amount.

Diabetes Screenings

To check for diabetes. These screenings are covered if you have any of the following risk factors: high blood pressure, history of abnormal cholesterol and triglyceride levels, obesity, or history of high blood sugar. Talk to your doctor about other risk factors. No cost, but you pay 20% of the Medicare-approved amount for the doctor’s visit.

Diabetes Self Management Training

For people with diabetes. Your doctor or other health care provider must provide a written order. You pay 20% of the Medicare-approved amount, and Part B deductible applies.

Immunizations

- **Flu shot:** Once a year. No cost.
- **Hepatitis B shots:** For people at high or medium risk. Talk to your doctor. You pay 20% of the Medicare-approved amount, and Part B deductible applies.
- **Pneumonia Shot:** Most people need this shot only once in their lifetime. No cost. Talk to your doctor.

Mammograms

Screening mammograms are covered once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between age 35 and 39. You pay 20% of the Medicare-approved amount.

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