

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 preventative services you need. Your doctor may be able to help you better understand the preventative 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.



Phone (248) 465-7300
Fax (248) 465-7428

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- **Flu Shot:** Once a year, no cost.
- **Hepatitis B shots:** For people at high or medium risk. Talk to your doctor.
- **Pneumonia Shot:** Most people need this shot only once in their lifetime.

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 35-39. You pay nothing for the test if the doctor accepts assignment.

Medical Nutrition Therapy

Medicare may cover medical nutrition therapy if you have diabetes or kidney disease, or you have had a kidney transplant in the last 36 months, and your doctor refers you for the service. You pay nothing for these services if the doctor accepts assignment.

Pap Tests and Pelvic Exams (includes clinical breast exam)

Medicare covers these screening tests once every 24 months, or 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 other abnormalities in the past 3 years. You pay nothing for Pap lab test, Pap test specimen collection, or the pelvic and breast exams if your doctor accepts assignment.

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 Counseling

Includes up to 8 face-to-face visits in a 12-month period if you're diagnosed with an illness caused or complicated by tobacco use, or you take a medicine that is affected by tobacco. You pay the doctor 20% of the Medicare-approved amount, and the Part B deductible applies. In a hospital outpatient setting, you also pay the hospital a copayment.



Medicare, Prevention & You

Staying Healthy,
Living Well

Preventive Services Under
Medicare Part B

MPRO
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 2011 “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 Medigap policy, or employer or union coverage), your costs may be different.

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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. Medicare covers a one-time preventive physical examination the first 12 months that you have Medicare Part B. You pay nothing for the exam if the doctor accepts assignment. When you make your appointment, let your doctor’s office know that you would like to schedule your “Welcome to Medicare” physical exam. Keep in mind you don’t need to get the “Welcome to Medicare” physical exam before getting a yearly “Wellness” exam.

Yearly “Wellness” Exam

If you’ve had Part B for longer than 12 months, you can get a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. You pay nothing for this exam if the doctor accepts assignment. The exam is covered once every 12 months.

Part B - Covered Services

Abdominal Aortic Aneurysm Screening

A one-time screening ultrasound for people at risk. You must get a referral for it as part of your one-time “Welcome to Medicare” physical exam. You pay nothing for the screening if doctor accepts assignment.

Bone Mass Measurement

Helps to see if you’re at risk for broken bones. This service is covered once every 24 months (more often if medically necessary) for people who have certain conditions or meet certain criteria. You pay nothing for this test if the doctor accepts assignment.

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 our 2011 “Medicare & You” handbook for details on coverage for:

- **Fecal Occult Blood Test** - You pay nothing for the test, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit.
- **Flexible Sigmoidoscopy** - You pay nothing for the test.
- **Screening Colonoscopy** - You pay nothing for the test.
- **Barium Enema** - You pay 20% of the Medicare-approved amount for the doctor’s services. If it’s done in the hospital outpatient setting, you also pay a hospital copayment.

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. Tests may also be covered if you meet other requirements, like being overweight and having a family history of diabetes.

Based on the results of these tests, you may be eligible for up to two diabetes screenings every year. You pay nothing for the test, but you generally have to 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

You pay nothing for the following immunizations if you have original Medicare and your doctor or health care provider accepts assignment.

Immunizations continued on back panel ►