Medicare Covered Preventive Screenings

Medicare expanded the types of preventative screenings and services in 2014. Medicare coverage for many tests, items and services depends on where you live. If you have questions it's always helpful to talk to your doctor or other health care provider. They can help you understand why you need certain tests, items or services, and if Medicare will cover them.

⇒ **For detailed information refer to:**

- Your Guide to Medicare Preventive Services
- Is your test, item, or service covered?
- Medicare & You 2024 Handbook (from the Centers for Medicare & Medicaid Services)

Here are the highlights of some of the medical screenings and services that Medicare Part B (Medical Insurance) covers:

Abdominal aortic aneurysm screening
Medicare covers a one-time screening abdominal aortic aneurysm ultrasound for people at risk. You must get a referral for it from your doctor. You pay nothing for the screening if the health care provider accepts assignment.

Alcohol misuse screening and counseling
Medicare covers one alcohol misuse screening per year for adults with Medicare who use alcohol, but do not meet the medical criteria for alcohol dependency. If your primary care practitioner determines you are misusing alcohol, you can get up to 4 brief face-to-face counseling sessions per year (if you're competent and alert during counseling). A qualified primary care practitioner must provide the counseling in a primary care setting. You pay nothing if the qualified practitioner accepts assignment.

Bone Mass Measurement (Bone density) screening
This test helps to see if you're at risk for broken bones. It's covered once every 24 months (more often if medically necessary) for people who have certain medical conditions or meet certain criteria. You pay nothing for this test if the qualified

health care provider accepts assignment.

Cardiovascular disease screening
These screenings include blood tests that help detect conditions that may lead to a heart attack or stroke. Medicare covers these screening tests every 5 years to test your cholesterol, lipid, lipoprotein, and triglyceride levels. You pay nothing for the tests, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit (% may vary if you are also covered by a Medigap policy or Medicare Advantage program).

Cervical and vaginal cancer screening
Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the exam, Medicare also covers a clinical breast exam to check for breast cancer. Medicare covers these screen tests once every 24 months for all women; Medicare covers these screening tests once every 12 months if you're at high risk for cervical or vaginal cancer or if you're of child-bearing age and had an abnormal Pap test in the past 36 months. You pay nothing if the doctor or other qualified health care provider accepts assignment.

Colorectal screening
Medicare covers the following screenings to help find precancerous growths or find cancer early when treatment is most effective. One or more of the following tests may be covered.

- Fecal occult blood test – covered every 12 months if you're 50 or older. You pay nothing for the test if the doctor or other qualified health care provider accepts assignment.
- Flexible sigmoidoscopy – generally covered once every 48 months if you're 50 or older, or 120 months after a previous screening colonoscopy for those not at high risk. You pay nothing for the test if the doctor or other qualified health care provider accepts assignment.
- Colonoscopy – generally covered once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy. There is no minimum age. You pay nothing for the test if the doctor or other qualified health care provider accepts assignment. Note: If a polyp or other tissue is found and removed during the colonoscopy, the procedure is considered diagnostic and you'll have to pay coinsurance or a copayment.

- Barium enema – generally covered once every 48 months if you're 50 or older (high risk every 24 months) when used instead of a sigmoidoscopy or colonoscopy. You pay 20% of the Medicare-approved amount for the doctor's services. In hospital outpatient setting, you also pay the hospital copayment.

Depression screening
Medicare covers one depression screening per year. The screening must be done in a primary care setting like a doctor's office that can provide follow-up treatment and referrals. You pay nothing for this test if the doctor or other qualified health care provider accepts assignment.

Diabetes screening
Medicare covers screenings to check for diabetes. You may be eligible for up to 2 diabetes screenings each year. You pay nothing for the test.

Diabetes Self-Management Training
Medicare covers a program to help people cope with and manage diabetes. The program may include tips for eating healthy, being active, monitoring blood sugar, taking medication, and reducing risks. You must have diabetes and a written order from your doctor or other health care provider. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Glaucoma tests
These tests are covered once every 12 months for people at high risk for the eye disease glaucoma. You're at high risk if you have diabetes, a family history of glaucoma, are African-American and 50 or older, or are Hispanic and 65 or older. An eye doctor who is legally allowed by the state must do the tests. You pay 20% if the Medicare-approved amount (your Medigap or Medicare Advantage program may cover a portion or all of the 20%), and the Part B deductible applies for the doctor's visit. In a hospital outpatient setting, you also pay the hospital a copayment (your Medigap or Medicare Advantage program may cover a portion or all of the 20%).

Hepatitis C screening test
Medicare covers one Hepatitis C screening test. Medicare also covers yearly repeat screening for certain people at high risk. Eligible individuals are people with Medicare who meet one of these conditions:

- Those at high risk because they have a current or past history of illicit injection drug use.

- Those who had a blood transfusion before 1992.
- Those born between 1945-1965.

Medicare will only cover Hepatitis C screening tests if they're ordered by a primary care doctor or practitioner. You pay nothing for the screening test if the doctor or other qualified health care provider accepts assignment.

Lung cancer screening
Medicare Part B (Medical Insurance) covers a lung cancer screening with Low Dose Computed Tomography (LDCT) once per year. Medicare covers people with Part B who meet all of these conditions:

- You're age 55-77.
- You don't have signs or symptoms of lung cancer (asymptomatic).
- You're either a current smoker or have quit smoking within the last 15 years.
- You have a tobacco smoking history of at least 30 "pack years" (an average of one pack (20 cigarettes) per day for 30 years).
- You get a written order from your doctor.

Mammograms
Medicare Part B (Medical Insurance) covers screening mammograms to check for breast cancer once every 12 months for all women with Medicare 40 and older. Medicare covers one baseline mammogram for women 35-39. You pay nothing for a screening mammogram if the doctor or other qualified health care provider accepts assignment. For diagnostic mammograms you pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Nutrition therapy services
Medicare covers medical nutrition therapy services and certain related services. A registered dietician or nutrition professional who meets certain requirements can provide these services, which may include nutritional assessment, one-on-one counseling, and therapy services through an interactive telecommunications system. People with Medicare who are eligible must meet at least one of these conditions: Have diabetes, have kidney disease, have had a kidney transplant in the last 36 months, or whose doctor or health care provider professional refers them for the service. You pay nothing for these services if the doctor accepts assignment.

Obesity screening and counseling
If you have a body mass index (BMI) of 30 or more, Medicare covers intensive

counseling to help you lose weight. This counseling may be covered if you get it in a primary care setting (like doctor’s office), where it can be coordinated with your personalized prevention plan. Talk to your primary care practitioner to find out more. You pay nothing for this service if the primary care practitioner accepts assignment.

One-time "Welcome to Medicare" preventive visit
You can get this introductory visit only within the first 12 months you have Part B. This visit includes a review of your medical and social history related to your health and education and counseling about preventive services, including certain screenings, shots, and referrals for other care if needed. This visit is covered one time. You don’t need to have this visit to be covered for yearly "Wellness" visits.

Prostate cancer screening
Medicare covers a Prostate Specific Antigen (PSA) test and a digital rectal exam once every 12 months for men over 50 (beginning the day after your 50th birthday). You pay nothing for the PSA test if the doctor or other health care provider accepts assignment. You pay 20% of the Medicare-approved amount, and the Part B deductible applies for the digital rectal exam (your Medigap or Medicare Advantage program may cover a portion or all of the 20% and/or deductible). In a hospital outpatient setting, you also pay the hospital copayment amount (your Medigap or Medicare Advantage program may cover a portion or all of the 20%).

Shots and immunizations

- Flu Shots (covered annually)
- Hepatitis B shots
- Pneumococcal shots

Smoking and tobacco use cessation counseling

Medicare Part B (Medical Insurance) covers up to 8 face-to-face visits in a 12-month period for people with Part B and who use tobacco. These visits must be provided by a qualified doctor or other Medicare-recognized practitioners. You pay nothing for the counseling sessions if your doctor or other health care provider accepts assignment.

Yearly "Wellness" visits

If you've had Part B for longer than 12 months, you can get this visit to develop or update a personalized prevention help plan to prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a questionnaire, called a “Health Risk Assessment,” as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy and get the most out of your visit. It also includes:

This visit is covered once every 12 months (11 full months must have passed since the last visit). All people with Part B are covered. You pay nothing for the “Welcome to Medicare” preventive visit or the yearly “Wellness” visit if your doctor or other qualified health care provider accepts assignment.

The Part B deductible doesn’t apply. However, if your doctor or other health care provider performs additional tests or services during the same visit that aren’t covered under these preventive benefits, you may have to pay coinsurance and the Part B.

- A review of your medical and family history
- Developing or updating a list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- Detection of any cognitive impairment
- Personalized health advice
- A list of risk factors and treatment options for you
- A screening schedule (like a checklist) for appropriate preventive services. Get details about coverage for screenings, shots, and other preventive services.

Since coverage may change over time, to find out if your test, item, or service is covered go to: www.medicare.gov/coverage/preventive-screening-services

Article Source
Centers for Medicare & Medicaid Services
Source URL
https://www.medicare.gov
Last Reviewed
Monday, December 11, 2023