

## Medicare Part B Preventive Services

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

**Please note:** Medicare now covers a “*Welcome to Medicare Exam*” and an “*Annual Wellness Visit*” **free of charge**.\*

These visits provide you and your doctor an opportunity to develop a personalized prevention plan to improve your health and early detection for many diseases. These visits include routine measurements of height, weight and blood pressure; review of individual and family history; review of medications; mental health risk and cognitive status check; and discussion and monitoring of recommended schedule for vaccinations and screening tests, *many of which are covered by Medicare at no charge*.

HOWEVER ... It is important to understand that these free visits **do NOT cover a comprehensive physical exam or lab tests**. Therefore, beneficiaries **may be charged co-insurance or co-pays** for some services provided during the appointment that are outside the scope of either the *Welcome to Medicare Exam* or the *Annual Wellness Visit*.

- The “*Welcome to Medicare*” exam is covered one time only within the first 12 months of your Part B coverage.
- The “*Annual Wellness Visit*” (AWV) is covered once a year *after* you have been with Medicare for more than one year *AND* it has been at least one year since your “*Welcome to Medicare*” exam (if you had one).

\* *It is important for your doctor’s office to use the correct billing codes for these visits (listed in chart below) to ensure accurate processing of claims.*

COVERED SERVICES	ELIGIBLE BENEFICIARIES	BENEFICIARY COST
<p><b>“WELCOME TO MEDICARE EXAM”</b> (Billing code is G0402.)</p> <p>May include a referral for <b>AAA (Abdominal Aortic Aneurysm) Ultrasound Screening</b> for those with certain risk factors.</p>	All beneficiaries (one time only within first 12 months of joining Part B).	No cost.
<p><b>ANNUAL WELLNESS VISIT (AWV)</b> (Billing code for first AWV is G0438 and G0439 for all other AWVs).</p>	Beneficiaries with Part B for more than 12 months.	No cost.
<p><b>BONE MASS MEASUREMENTS</b> Once every 24 months. More often if medically necessary.</p>	Beneficiaries at risk for osteoporosis or meet other criteria.	No cost.
<p><b>CARDIOVASCULAR SCREENING</b> Once every 5 years. (Includes blood tests for cholesterol, fat or lipids, and triglyceride levels.)</p>	All beneficiaries.	No cost for the tests, but you generally have to pay 20% of the Medicare-approved amount for the doctor’s visit.
<p><b>COLORECTAL CANCER SCREENING</b></p> <p><b><i>Fecal Occult Blood Test</i></b> Once every 12 months.</p> <p>-----</p> <p><b><i>Flexible Sigmoidoscopy</i></b> Once every 48 months or 10 years after previous colonoscopy if not at high risk.</p> <p>-----</p> <p><b><i>Colonoscopy</i></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.</p> <p>-----</p> <p><b><i>Barium Enema</i></b> Once every 48 months or 24 months if high risk, when used instead of a sigmoidoscopy or colonoscopy.</p>	<p>All beneficiaries age 50 and over.</p> <p>-----</p> <p>All beneficiaries age 50 and over.</p> <p>-----</p> <p>All beneficiaries.</p> <p>-----</p> <p>All beneficiaries age 50 and over.</p>	<p>No cost for test, but you generally have to pay 20% of the Medicare-approved amount for the doctor’s visit.</p> <p>-----</p> <p style="text-align: center;">No cost.</p> <p>-----</p> <p style="text-align: center;">No cost.</p> <p>-----</p> <p>20% of the Medicare-approved amount for the doctor’s services. In out-patient hospital setting, you also have co-payment.</p>

COVERED SERVICES	ELIGIBLE BENEFICIARIES	BENEFICIARY COST
<b>DIABETES SCREENING LAB TESTS</b> Up to two diabetes screenings per year based on risk factors and results of screenings. Includes fasting plasma glucose test.	Beneficiaries with risk factors such as 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>MAMMOGRAMS</b> Once every 12 months.	All female beneficiaries age 40 and older.	No cost.
<b>GLAUCOMA TESTING</b> Once every 12 months for people at high risk for glaucoma. Test are conducted by or supervised by an ophthalmologist or optometrist.	Beneficiaries at high risk (people with diabetes or a family history; African Americans age 50 or over; and Hispanic 65 or over).	20% of the Medicare-approved amount after the yearly Part B deductible.
<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 the doctor 20% of the Medicare-approved amount for the doctor's visit.
<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>PAP TESTS AND PELVIC EXAMS</b> Once every 24 months. Once every 12 months, if at high risk for cervical cancer or had an abnormal Pap test in the preceding 36 months.	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. You pay 20% of the Medicare-approved amount after the yearly Part B deductible for the doctor's visit.
<b>SHOTS (VACCINATIONS)</b> <i>Flu Shot</i> Once per year. ----- <i>Pneumococcal (Pneumonia) Shot</i> Usually once in lifetime- ask your doctor. ----- <i>Hepatitis B Shots</i> Talk with your doctor.	All beneficiaries. ----- All beneficiaries. ----- Beneficiaries at risk.	No cost. ----- No cost. ----- No cost.
<b>SMOKING CESSATION</b> Counseling for 2 cessation attempts for total of 8 visits within a 12-month period – doctor must refer for service.	Beneficiaries that have not been diagnosed with an illness caused or complicated by tobacco use.	No cost.