



CENTERS FOR MEDICARE & MEDICAID SERVICES



Your Guide to  
**Medicare's Preventive Services**

**This is the official government booklet with important information about**

- what disease prevention is and why it's important.
- which preventive services are new.
- which preventive services Medicare covers and how often.
- who can get them.
- what you pay.

*My Health.  
My Medicare.*



Now is the time to get the most out of your Medicare. The best way to stay healthy is to live a healthy lifestyle. You can live a healthy lifestyle and prevent disease by exercising, eating well, keeping a healthy weight, and not smoking. Medicare can help.

Medicare pays for many preventive services to keep you healthy. Preventive services can find health problems early, when treatment works best, and can keep you from getting certain diseases or illnesses. Preventive services include exams, lab tests, and screenings. They also include shots, monitoring, and information to help you take care of your own health.

Whether it's online, in person in the community, or on the phone, Medicare is committed to helping people get the information they need to make smart choices about their Medicare benefits.

### **MyMedicare.gov**

Visit MyMedicare.gov on the web to get direct access to your preventive health information—24 hours a day, every day. Visit the website, sign up, and Medicare will mail you a password to allow you access to your personal Medicare information. By visiting MyMedicare.gov on the web, you can see a description of your covered preventive services, the last date that service was performed, and the next date you are eligible for that service.

### **How can this booklet help me?**

This booklet covers both preventive services and services that help prevent certain illnesses from getting worse. The services listed in this booklet are covered if you have Medicare. However, the amount you pay for these services varies depending on how you get your Medicare benefits, either through the Original Medicare Plan, or through a Medicare Advantage Plan. This booklet explains the way preventive services are covered if you have Part B under the Original Medicare Plan (sometimes called fee-for-service). If you get your health care coverage through a Medicare Advantage Plan (like an HMO or PPO), call your plan for more information.

**Note:** The information in this booklet was correct when it was printed. Changes may occur after printing. For the most current information, visit [www.medicare.gov](http://www.medicare.gov) on the web. Or, call 1-800-MEDICARE (1-800-633-4227). A customer service representative can tell you if the information has been updated. TTY users should call 1-877-486-2048.

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“Your Guide to Medicare’s Preventive Services” isn’t a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

## What can you do to help prevent illness?

You can stay healthy, live longer, and delay or prevent many diseases by...

- **exercising**—Do any physical activity you enjoy for 20–30 minutes five or six days a week. Talk to your doctor about the right exercise program for you.
- **eating well**—Eat a healthy diet of different foods like fruits, vegetables, protein (like meat, fish, or beans), and grains (like rice). You should also limit the amount of saturated fat you eat.
- **keeping a healthy weight**—Watch your portions, and try to balance the number of calories you eat with the number you burn by exercising.
- **not smoking**—Talk with your doctor about getting help to quit smoking.
- **getting preventive services**—Delay or lessen the effects of diseases by getting preventive services like screening tests to find disease early, and shots to keep you from getting dangerous infections.

## Talk to Your Doctor or Health Care Provider

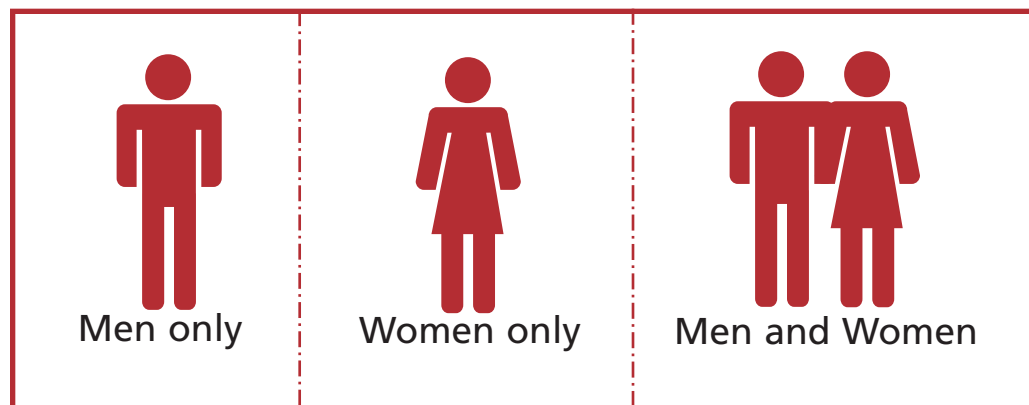
In providing good care, your doctor or health care provider may do exams or tests that Medicare doesn't cover. Your doctor or health care provider may also recommend that you have tests more or less often than Medicare covers them. In some cases, you may have to pay for these services. Talk to your doctor or health care provider to find out how often you need these exams to stay healthy.

If a service you get isn't covered and you think it should be, you may appeal this decision. To file an appeal, follow the instructions on your Medicare Summary Notice. For more information on filing an appeal, call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) on the web. TTY users should call 1-877-486-2048.

## Things to know when reading this booklet

### Symbols

You will see one of the following symbols next to each preventive service. It tells you for whom Medicare covers the service or test.



### Risk Factors

You will also see lists of factors that increase your risk of developing a certain disease. If you're not sure if you're at high risk, talk to your doctor.

### Part B Deductible

The Part B deductible in 2007 is \$131. This amount will change yearly.

### Medicare-approved Amount

In the Original Medicare Plan, this is the amount a doctor or supplier can be paid, including what Medicare pays and any deductible, coinsurance, or copayment that you pay. It may be less than the actual amount a doctor or supplier charges. (If you get your services from a doctor or supplier who doesn't accept assignment, you might pay more.)

### Drug Coverage

Medicare covers prescription drugs that may help you treat any diseases or illnesses found by these tests, like high cholesterol. You can review and compare the cost, coverage, and customer service of Medicare drug plans by visiting [www.medicare.gov](http://www.medicare.gov) on the web. Generally, you can join a Medicare drug plan from November 15—December 31 each year. You can also get personalized help at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## One-time “Welcome to Medicare” Physical Exam



Medicare covers a one-time preventive physical exam **within the first six months that you have Part B**. This exam is called the “Welcome to Medicare” physical exam. The exam includes a medical and social history review of your health with particular attention to modifiable risk factors for disease; education and counseling about the preventive services you need, like certain screenings and shots; and referrals for other care if you need it. The exam is a great way to get up-to-date on important screenings and shots and to talk with your doctor about your family history and how to stay healthy.

During the exam, your doctor will record your medical history and check your blood pressure, weight, and height. Your doctor will also give you, or order, an Electrocardiogram (EKG) and a simple vision screening test. Your doctor will check whether you need any of the shots described on page 9. Depending on your general health and medical history, further tests may be ordered, if necessary. Your doctor will also give you advice to help you prevent disease, improve your health, and stay well. You will also get a written plan (such as a checklist) when you leave letting you know which screenings and other preventive services you should get.

**EW**—In 2007, people with Medicare who are at risk for abdominal aortic aneurysms may get a referral for a one-time screening ultrasound at their “Welcome to Medicare” physical exam. If you have a family history of abdominal aortic aneurysms, are a man age 65 to 75 and you have smoked at least 100 cigarettes in your lifetime, you are considered at risk. You pay 20% of the Medicare-approved amount with no Part B deductible for this screening ultrasound.

When you go to your “Welcome to Medicare” physical exam, bring your

- medical records, including immunization records (if you are seeing a new doctor). Call your old doctor to get copies of your medical records.
- family health history—try to learn as much as you can about your family’s health history before your appointment. Any information you can give your doctor can help determine if you are at risk for certain diseases.
- list of prescription and over-the-counter drugs that you currently take, how often you take them, and why.

**Who is covered?** All people who have had Medicare Part B for six months or less.

**How often is it covered?** Only one time, and only **within the first six months** that you have Part B.

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

## Cardiovascular Screening



Medicare covers cardiovascular screenings that check your cholesterol and other blood fat (lipid) levels. High levels of cholesterol can increase your risk for heart disease and stroke. These screenings will tell if you have high cholesterol. You might be able to make lifestyle changes (like changing your diet and increasing your activity level or exercising more often) to lower your cholesterol and stay healthy.

**Who is covered?** All people with Medicare.

**What is covered?** Tests for cholesterol, lipid, and triglyceride levels.

**How often is it covered?** Once every five years.

**Your costs in the Original Medicare Plan?** You pay nothing if your doctor or health care provider accepts assignment.

## Breast Cancer Screening (Mammograms)



Breast cancer is the most common non-skin cancer in women and the second leading cause of cancer death in women in the United States. Every woman is at risk, and this risk increases with age. Breast cancer can usually be successfully treated when found early. Medicare covers screening mammograms and digital technologies for screening mammograms to check for breast cancer before you or a doctor may be able to feel it.

**Who is covered?** All women with Medicare age 40 and older can get a screening mammogram every 12 months. Medicare also pays for one baseline mammogram for women with Medicare between ages 35 and 39.

**How often is it covered?** Once every 12 months.

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount with no Part B deductible.

**Are you at high risk for breast cancer?** Your risk of developing breast cancer increases if you

- had breast cancer in the past.
- have a family history of breast cancer (like a mother, sister, daughter, or two or more close relatives who have had breast cancer).
- had your first baby after age 30.
- have never had a baby.



## Cervical and Vaginal Cancer Screening

Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the pelvic exam, Medicare covers a clinical breast exam to check for breast cancer.

**Who is covered?** All women with Medicare.

**How often is it covered?** A Pap test and pelvic exam are covered by Medicare once every 24 months. However, if you are of childbearing age and have had an abnormal Pap test within the past 36 months, or if your doctor says you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap test and pelvic exam every 12 months.

**Your costs in the Original Medicare Plan?** You pay nothing for the Pap lab test. For Pap test collection and pelvic and breast exams, you pay 20% of the Medicare-approved amount with no Part B deductible.

**Are you at high risk for cervical cancer?** Your risk for these cancers may increase if

- you have had an abnormal Pap test.
- you have had cervical or vaginal cancer in the past.
- you have a history of sexually transmitted disease (including the human papillomavirus (HPV) and/or HIV infection).
- you began having sex before age 16.
- you have had many sexual partners.
- your mother took DES (Diethylstilbestrol), a hormonal drug, when she was pregnant with you.



## Colorectal Cancer Screening



Colorectal cancer is usually found in people age 50 or older, and the risk of getting it increases with age. Medicare covers colorectal screening tests to help find pre-cancerous polyps (growths in the colon) so they can be removed before they turn into cancer. Treatment works best when colorectal cancer is found early.

**Who is covered?** All people with Medicare age 50 and older, except there is no minimum age for having a screening colonoscopy.

### How often is it covered?

- **Fecal Occult Blood Test**—Once every 12 months. You pay nothing for this test, but usually have to pay for the doctor visit.
- **Flexible Sigmoidoscopy**—Generally, once every 48 months, or every 120 months when used instead of a colonoscopy for those not at high risk.
- **Screening Colonoscopy**—Once every 120 months (high risk every 24 months).
- **Barium Enema**—Once every 48 months (high risk every 24 months) when used instead of sigmoidoscopy or colonoscopy.

**Your costs in the Original Medicare Plan?** You pay nothing for the fecal occult blood test. For all other tests, you pay 20% of the Medicare-approved amount. If the flexible sigmoidoscopy or colonoscopy is done in a hospital outpatient department or an ambulatory surgical center, you pay 25% of the Medicare-approved amount.

**NEW**—In 2007, Medicare will waive the Part B deductible for the colorectal cancer screening benefit. Coinsurances still apply.

**Are you at high risk for colorectal cancer?** Risk for colorectal cancer increases with age. It's important to continue with screenings, even if you were screened before you had Medicare. Risk for colorectal cancer increases if you

- have had colorectal cancer before, even if it has been completely removed.
- have a close relative, such as a sister or brother, parent or child, who had colorectal polyps or colorectal cancer.
- have a history of polyps.
- have inflammatory bowel disease (like ulcerative colitis or Crohn's disease).

## Prostate Cancer Screening



Prostate cancer can often be found early by testing the amount of PSA (Prostate Specific Antigen) in your blood. Another way prostate cancer is found early is when your doctor performs a rectal exam. Medicare covers both of these tests so that prostate cancer can be detected and treated early.

**Who is covered?** All men with Medicare over age 50 (coverage for this test begins the day after your 50th birthday).

**How often are they covered?**

- **Digital Rectal Examination**—Once every 12 months.
- **PSA Test**—Once every 12 months.

**Your costs in the Original Medicare Plan?** Generally, you pay 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. There is no coinsurance and no Part B deductible for the PSA Test.

**Are you at high risk for prostate cancer?** While all men are at risk for prostate cancer, your risk increases

- if you have a father, brother, or son who has had prostate cancer, especially if your relatives were young when they got the disease.
- if you are African-American. Prostate cancer is more common in this group for unknown reasons.
- as you get older. About two out of three prostate cancers are found in men over age 65.

You may also be at risk for prostate cancer if you eat a lot of red meat or high-fat dairy products.

## **Shots (Flu, Pneumococcal, Hepatitis B)**



Medicare covers flu, pneumococcal, and Hepatitis B shots. Flu, pneumococcal infections, and Hepatitis B can be life threatening to an older person. All people age 65 and older should get flu and pneumococcal shots. People with Medicare who are under age 65 but have chronic illness, including heart disease, lung disease, diabetes, or End-Stage Renal Disease (ESRD is permanent kidney failure requiring dialysis or a kidney transplant) should get a flu shot. People at medium to high risk for Hepatitis B should get Hepatitis B shots.

### **Flu Shot**

**Who is covered?** All people with Medicare.

**How often is it covered?** Once a flu season in the fall or winter.

**Your costs in the Original Medicare Plan?** You pay nothing if your doctor or health care provider accepts assignment.

### **Pneumococcal Shot**

**Who is covered?** All people with Medicare.

**How often is it covered?** Most people only need this shot once in their lifetime.

**Your costs in the Original Medicare Plan?** You pay nothing if your doctor or health care provider accepts assignment.

### **Hepatitis B Shots**

**Who is covered?** People with Medicare whose doctor says they are at medium to high risk for Hepatitis B.

**How often is it covered?** Three shots are needed for complete protection. Check with your doctor about when to get these shots if you qualify to get them.

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

**Are you at high risk for Hepatitis B?** Some factors that put you at medium to high risk for Hepatitis B include

- hemophilia.
- ESRD.
- a condition that lowers your resistance to infection.

Other factors may increase your risk for Hepatitis B. Check with your doctor to see if you are at medium to high risk for Hepatitis B.

**Bone Mass Measurements**

Medicare covers bone mass measurements to determine whether you are at risk for a fracture (broken bone). People are at risk for fractures because of osteoporosis. Osteoporosis is a disease in which your bones become weak. In general, the lower your bone density, the higher your risk is for a fracture. Bone mass measurement test results will help you and your doctor choose the best way to keep your bones strong.

**Who is covered?** All people with Medicare whose doctors say they are at risk for osteoporosis.

**How often is it covered?** Once every 24 months (more often if medically necessary).

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

**Are you at risk for osteoporosis?** Some factors that may put you at risk for osteoporosis include, if you

- are age 50 or older.
- are a woman.
- have a family history of broken bones.
- have a personal history of broken bones.
- are White or Asian.
- are small-boned.
- have low body weight (less than about 127 pounds).
- smoke or drink a lot.
- have a low-calcium diet.

## Diabetes Screening, Supplies, and Self-Management Training



Diabetes is a medical condition in which your body doesn't make enough insulin, or has a reduced response to insulin. Diabetes causes your blood sugar to be too high because insulin is needed to use sugar properly. A high blood sugar level isn't good for your health. For people with Medicare at risk for getting diabetes, Medicare covers a blood screening test to check for diabetes. For people with diabetes, Medicare covers certain supplies and educational training to help manage their diabetes.

### Diabetes Screening (Fasting Blood Glucose Test)

**Who is covered?** People with Medicare whose doctor says they are at risk for diabetes.

**How often is it covered?** Based on the results of your screening tests, you may be eligible for up to two diabetes screenings per year.

**Your costs in the Original Medicare Plan?** You pay nothing if your doctor or health care provider accepts assignment.

**Are you at high risk for diabetes?** You are considered at high risk if you have high blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar.

Medicare also covers these tests if you answer yes to two or more of the following questions:

- Are you age 65 or older?
- Are you overweight?
- Do you have a family history of diabetes (parents, brothers, sisters)?
- Do you have a history of gestational diabetes (diabetes during pregnancy), or delivery of a baby weighing more than 9 pounds?

### Diabetes Glucose monitors, test strips, and lancets

**Who is covered?** All people with Medicare who have diabetes.

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

### Diabetes Self-Management Training

**Who is covered?** This training is for certain people with Medicare who are at risk for complications from diabetes. Your doctor must request this service.

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

**Medical Nutrition Therapy**

Medical nutrition therapy services are also covered for people with diabetes or renal disease when referred by a doctor. These services can be given by a registered dietitian or Medicare-approved nutrition professional and include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.

**Who is covered?** People who have diabetes or renal disease (people who have kidney disease but aren't on dialysis or haven't had a kidney transplant, or for people who have kidney disease [but aren't on dialysis]) with a doctor's referral up to three years after a kidney transplant.

**How often is it covered?** Medicare covers three hours of one-on-one counseling services the first year, and two hours each year after that. If your condition, treatment, or diagnosis changes, you may be able to get more hours of treatment with a doctor's referral. A doctor must prescribe these services and renew your referral yearly if continuing treatment is needed into another calendar year.

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount for services after the yearly Part B deductible.

**For more information about Diabetes and Medical Nutrition Therapy**

Get a free copy of "Medicare Coverage of Diabetes Supplies & Services" by visiting [www.medicare.gov](http://www.medicare.gov) on the web. Under "Search Tools," select "Find a Medicare Publication." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## Glaucoma Tests



Glaucoma is an eye disease caused by high pressure in the eye. It can develop gradually without warning and often without symptoms. The best way for people at high risk for glaucoma to protect themselves is to have regular eye exams.

**Who is covered?** People with Medicare whose doctor says they are at high risk for glaucoma.

**How often is it covered?** Once every 12 months.

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

**Are you at high risk for glaucoma?** Your risk for glaucoma increases if you

- have diabetes.
- have a family history of glaucoma.
- are African-American and age 50 or older.
- are Hispanic and age 65 and older.

## Smoking Cessation (Counseling to quit smoking)



The U.S. Surgeon General has reported that quitting smoking leads to significant risk reduction for certain diseases and other health benefits, even in older adults who have smoked for years.

People with Medicare who are diagnosed with a smoking-related disease, including heart disease, cerebrovascular disease (stroke), multiple cancers, lung disease, weak bones, blood clots, and cataracts can get coverage for smoking and tobacco use cessation counseling. These diseases account for the bulk of Medicare spending today. People with Medicare who take any of the many medications whose effectiveness is complicated by tobacco use including—insulin and some medicines for high blood pressure, blood clots, and depression are also eligible for the counseling.

**Who is covered?** People with Medicare who are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco.

**How often is it covered?** Medicare will cover up to eight face-to-face visits during a 12-month period. These visits must be ordered by your doctor and provided by a qualified doctor or other Medicare-recognized practitioner.

**Your costs in the Original Medicare Plan?** You pay 20% of the Medicare-approved amount after you meet the yearly Part B deductible.

## For more information about Medicare Preventive Services

You can learn more about Medicare's preventive services by visiting [www.medicare.gov](http://www.medicare.gov) on the web. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



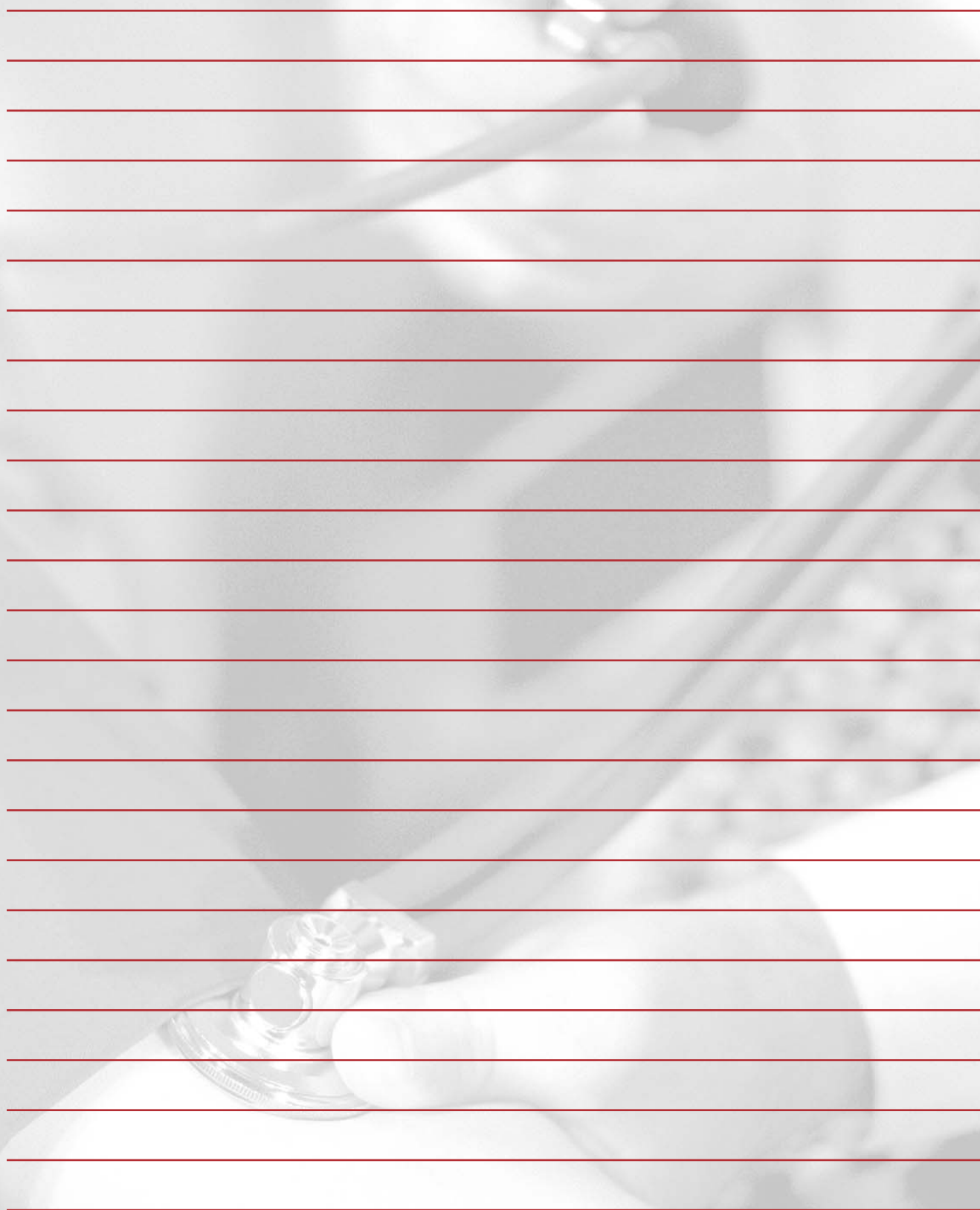
## Preventive Services Checklist

Keep track of the preventive services you need by using the chart below. You can also visit [MyMedicare.gov](http://MyMedicare.gov) on the web to see a description of your covered preventive services, the last date that service was performed, and the next date you are eligible for that service.

Preventive Service	Needed (Yes/No)	Last Received	Up-to-date (Yes/No)	Next date you can get service
Bone Mass Measurement				
Cardiovascular Screening				
Cervical & Vaginal Screening (Pap Test and Pelvic Exam)				
Colorectal Cancer Screening				
Diabetes Screening				
Flu Shot				
Glaucoma Test				
Hepatitis B Shot				
Pneumococcal Shot				
Prostate Cancer Screening				
Screening Mammogram (Breast Cancer Screening)				
One-time “Welcome to Medicare” Physical Exam*				

\* **Important:** Make your appointment for this exam within the first six months of enrolling in Part B.

Abdominal Aortic Aneurysm .....	4	Preventive Services Checklist .....	15
Barium Enema .....	7	Prostate Cancer Screening .....	8
Blood Screening .....	11	Prostate Specific Antigen (PSA) Test .....	8
Bone Mass Measurement .....	10	Quit Smoking .....	14
Breast Cancer Screening .....	5	Screening Colonoscopy .....	7
Cardiovascular Screening .....	5	Smoking Cessation .....	14
Cervical Cancer Screening .....	6	Test Strips .....	11
Colorectal Cancer Screening.....	7	Tobacco Use .....	14
Crohn's Disease.....	7	Ulcerative Colitis .....	7
Diabetes Screening .....	11	Vaginal Cancer Screening .....	6
Diabetes Self-Management Training .....	11		
Diabetes Supplies .....	11		
Digital Rectal Examination.....	8		
Drug Coverage .....	3		
Eye Disease .....	13		
Eye Exams .....	13		
Fasting Blood Glucose Test.....	11		
Fecal Occult Blood Test .....	7		
Flexible Sigmoidoscopy.....	7		
Flu Shot .....	9		
Glaucoma .....	13		
Glucose Monitors .....	11		
Hemophilia.....	9		
Hepatitis B Shot .....	9		
Immunizations (shots) .....	9		
Insulin .....	11		
Lancets .....	11		
Mammogram .....	5		
Medical Nutrition Therapy.....	12		
Medicare-Approved Amount .....	3		
One-time "Welcome to Medicare" Physical Exam ....	4		
Osteoporosis .....	10		
Pap Test .....	6		
Part B Deductible .....	3		
Pelvic Exam .....	6		
Pneumococcal Shot.....	9		



A series of horizontal red lines for taking notes, overlaid on a grayscale background image of a doctor in a white coat examining a patient's arm with a stethoscope.

U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard  
Baltimore, MD 21244-1850

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Official Business  
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Medicare is here for you 24 hours a day, every day.

For help with your Medicare questions

- visit [www.medicare.gov](http://www.medicare.gov)
- call 1-800-MEDICARE (1-800-633-4227)
- call 1-877-486-2048 (TTY users)

To get this booklet in Spanish, visit [www.medicare.gov](http://www.medicare.gov) on the web. Or, call (1-800-MEDICARE) 1-800-633-4227. TTY users should call 1-877-486-2048.

Para conseguir este folleto en español llame gratis al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

