



Guide to Medicare's Preventive Services

**This official government
booklet explains...**

- What 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



The best way to stay healthy is to live a healthy lifestyle. You can live a healthy lifestyle by exercising, eating well, keeping a healthy weight, and not smoking.

Another important way to stay healthy is to use preventive services provided by doctors and health care providers. 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. Medicare pays for many preventive services to keep you healthy.

How Can this Booklet Help Me?

The preventive services listed in this booklet are covered no matter what kind of Medicare health plan you have. However, the amount you pay for these services varies depending on the type of health 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 have another type of Medicare health plan, call your plan for more information.

This booklet can help you learn...

- How to stay healthy
- About these Medicare-covered services:
 - One-time “Welcome to Medicare” physical exam (if your Medicare Part B begins on or after January 1, 2005)
 - Cardiovascular screening
 - Tests for breast, cervical, vaginal, colorectal, and prostate cancers
 - Flu, pneumococcal, and Hepatitis B shots
 - Bone mass measurements
 - Diabetes screening and self-management
 - Glaucoma testing

Note: The information in this booklet was correct when it was printed. Changes may occur after printing. For the most current information, look at www.medicare.gov on the web. Select “Your Medicare Coverage.” 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.

Why Prevention is Important.	2
Newly-Covered Preventive Services.	2
Things to Know	3
One-time “Welcome to Medicare” Physical Exam (NEW).	3
Cardiovascular Screening (NEW).	4
Cancer Tests	
Breast (Mammogram)	4
Cervical, Vaginal (Pap Test and Pelvic Exam)	5
Colon (Colorectal)	6
Prostate (PSA).	7
Shots (Flu, Pneumococcal, Hepatitis B)	8
Bone Mass Measurements	9
Diabetes Screening (NEW), Supplies, and Self-Management Training . .	10
Glaucoma Tests	11
For More Information	11

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

Why Prevention is Important

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

- **exercising**—Do any physical activity you enjoy for 20–30 minutes 5 or 6 days a week.
- **eating well**—Eat a healthy diet of different foods like fruit, vegetables, protein (like meat, fish, or beans), and grains (like rice), and 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 shots to keep you from getting dangerous infections and screening tests to find diseases early.

Note: Talk to your doctor about the right exercise program for you.

Newly-covered Preventive Services

Medicare covers many different preventive services. Starting January 1, 2005, Medicare will now cover these three preventive services:

- One-time “Welcome to Medicare” Physical Exam (page 3)
- Cardiovascular Screening (page 4)
- Diabetes Screening to check for diabetes (page 10)

Keep reading to find out how Medicare covers these and other preventive services. You can also look at www.medicare.gov on the web, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

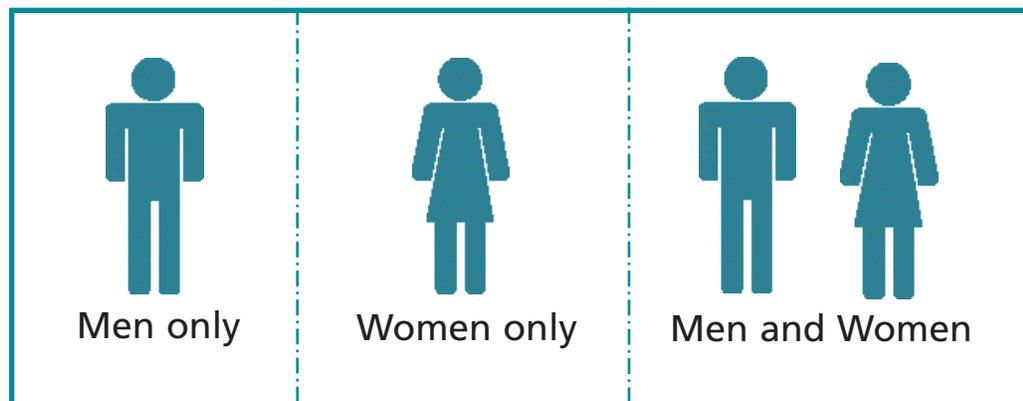
Talk to Your Doctor

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

Things to Know as You Read this Booklet

Symbols

You will see one of the following symbols next to each preventive service. It tells you for whom Medicare covers the 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 2004 is \$100 and will increase to \$110 in 2005. This amount may change annually.

Medicare-approved Amount

The Medicare-approved amount is the amount Medicare pays for an item or service.

NEW - One-time "Welcome to Medicare" Physical



If your Medicare Part B coverage begins on or after January 1, 2005, Medicare will cover a one-time preventive physical exam **within the first six months that you have Part B**. The exam will include a thorough review of your health, education and counseling about the preventive services you need like certain screenings and shots, and referrals for other care if you need it. The "Welcome to Medicare" physical 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.

How often is it covered? One time only **within the first six months** that you have Part B

For whom? All people whose Medicare Part B begins on or after January 1, 2005

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

NEW - 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) to lower your cholesterol.

What is covered? Tests for cholesterol, lipid, and triglyceride levels beginning January 1, 2005

How often is it covered? Talk with your doctor about how often

For whom? Talk with your doctor to see if you qualify

Your costs in the Original Medicare Plan? You pay nothing

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.

How often is it covered? Once every 12 months

For whom? 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.

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.

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 you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap test and pelvic exam every 12 months.

For whom? All women with Medicare

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 cervical cancer increases if ...

- you have had an abnormal Pap test
- you have had cancer in the past
- you have been infected with the Human papillomavirus (HPV)
- 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.

How often is it covered?

- **Fecal Occult Blood Test**—Once every 12 months
- **Flexible Sigmoidoscopy**—Once every 48 months
- **Screening Colonoscopy** —Once every 24 months (if you're at high risk)

Once every 10 years, but not within 48 months of a screening sigmoidoscopy (if you're not at high risk)

- **Barium Enema**—Your doctor can decide to use this test instead of a flexible sigmoidoscopy or colonoscopy. This test is covered every 24 months if you are at high risk for colorectal cancer and every 48 months if you aren't at high risk.

For whom? All people with Medicare age 50 and older, except there is no minimum age for having a screening 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 after the yearly Part B deductible.

If the flexible sigmoidoscopy or colonoscopy is done in a hospital outpatient department, you pay 25% of the Medicare-approved amount after the yearly Part B deductible.

Are you at high risk for colorectal cancer? Risk for colorectal cancer increases if you or a close relative have had colorectal polyps or colorectal cancer, or if you 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.

How often is it covered?

- **Digital Rectal Examination**—Once every 12 months
- **Prostate Specific Antigen (PSA) Test**—Once every 12 months

For whom? All men with Medicare age 50 and older (coverage for this test begins the day after your 50th birthday)

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. The list below shows the people at risk for prostate cancer from higher to lower amount of risk:

- African Americans
- Whites
- Hispanics
- Asians
- Pacific Islanders
- Native Americans

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 adults 65 and older should get flu and pneumococcal shots. People with Medicare who are under 65 but have chronic illness, including heart disease, lung disease, diabetes or end-stage renal disease should get a flu shot. People at medium to high risk for Hepatitis B should get Hepatitis B shots.

Flu Shot

How often is it covered? Once a year in the fall or winter

For whom? All people with Medicare

Your costs in the Original Medicare Plan? You pay nothing

Pneumococcal Shot

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

For whom? All people with Medicare

Your costs in the Original Medicare Plan? You pay nothing

Hepatitis B Shots

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

For whom? People with Medicare at medium to high risk for Hepatitis B

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?

Common factors that put you at medium to high risk for Hepatitis B include...

- hemophilia
- End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant)
- 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.

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

For whom? All people with Medicare who are at risk for osteoporosis

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?

Your risk for osteoporosis increases 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 is not good for your health. For all people with Medicare, Medicare covers screenings to check for diabetes. For people with diabetes, Medicare covers certain supplies and self-management training to find and treat diabetes.

NEW - Diabetes Screening (Fasting Plasma Glucose Test) beginning January 1, 2005

How often is it covered? Talk with your doctor

For whom? Talk with your doctor

Your costs in the Original Medicare Plan? You pay nothing

Diabetes Glucose monitors, test strips, and lancets

For whom? 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

For whom? 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

For more information, get a free copy of *Medicare Coverage of Diabetes Supplies & Services* (CMS Pub. No. 11022) at www.medicare.gov on the web. Select "Publications." 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 cause you to gradually lose sight 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.

How often is it covered? Once every 12 months

For whom? People with Medicare at high risk for glaucoma

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

For More Information

You can learn more about Medicare's preventive services by looking at www.medicare.gov on the web, or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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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
- call 1-800-MEDICARE (1-800-633-4227)
- call 1-877-486-2048 (TTY users)

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1-800-633-4227. TTY users should
call 1-877-486-2048.

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