



# Module 7: Medicare Preventive Services - Alaska

 **National Medicare  
TRAINING PROGRAM**

**...helping people with Medicare  
make informed health care decisions**





# Session Objectives

This session will help you understand

§ Which preventive services are covered

§ Who is eligible to receive them

§ How much you pay

§ Where to get more information



# Medicare Preventive Services

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## § Covered by Medicare Part B

- Whether you get your coverage from
  - ◻ Original Medicare
  - ◻ A Medicare Advantage Plan
  - ◻ Other Medicare plans

§ Find problems early, when treatment works best

§ Coverage based on age, gender, and medical history



# Paying for Preventive Services in 2012

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## § In Original Medicare

- You pay nothing for most preventive services
  - If your provider accepts assignment
  - May require coinsurance or a copayment for office visit
- May pay more if provider doesn't accept assignment

## § May have copayments

- In Medicare Advantage or other Medicare plans



# “Welcome to Medicare” Preventive Visit

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- § Once within first 12 months of getting Part B
- § The doctor or health care provider will
  - Review your medical and social history
  - Take your Height, weight and body mass index
  - Perform a simple vision test
  - Review risk factors for depression
  - Educate and counsel you to help you stay well
  - Refer you for additional screenings if needed
- § Generally no cost if doctor accepts assignment



# Annual Wellness Visit

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§ Available once every 12 months

- After you've had Part B for longer than 12 months

§ Can't be within 12 months of your Welcome to Medicare Preventive Visit

§ Focus is on "wellness"



# Annual Wellness Visit

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## § What is included

- Health risk assessment
- Review of functional ability & level of safety
- Blood pressure, height and weight measurements
- Review potential risk for depression
- Personalized prevention plan
- Written screening schedule
- Personalized health advice
- Referrals for health education and preventive counseling to help you stay well



# Exercise

The Welcome to Medicare Preventive Visit is an annual physical exam.

1. True
2. False



# Alcohol Misuse Screening & Counseling

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NEW

## § Annual screening

- Up to 4 face-to-face counseling sessions if you
  - q Misuse alcohol
  - q Are not alcohol dependent
  - q Are competent and alert when counseled
- Counseling must be furnished
  - q By a qualified primary care provider
  - q In a primary care setting

## § No cost if provider accepts assignment



# Abdominal Aortic Aneurysm Screening

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- § Abdominal aortic aneurysms (weak area bulges)
- § One-time ultrasound screening
  - Referral from Welcome to Medicare Preventive Visit
- § Risk factors
  - Family history of abdominal aortic aneurysms or
  - Men age 65-75
    - Smoked more than 100 cigarettes
- § No copayment or deductible with Original Medicare



# Bone Mass Measurement

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§ Measures bone density

- Osteoporosis can weaken bones (make brittle)

§ Covered if you meet specific criteria

- You're at risk for osteoporosis based on your medical history
- Your X-rays show possible problems
- You're taking prednisone or steroid-type drugs
- You have hyperparathyroidism

§ Every 24 months (more often if medically necessary)

§ No copayment or deductible with Original Medicare



# Cardiovascular Disease (CVD) Risk Reduction Visit

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§ One CVD risk reduction visit per year



- Provided by a primary care provider in a primary care setting

§ The visit includes the following components

- Encouraging aspirin use if benefits outweigh risks
- Screening for high blood pressure
- Intensive behavioral counseling to promote healthy diet



# Cardiovascular Disease Screening

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§ Blood test for early risk detection

- Heart disease
- Stroke

§ Tests for

- Total cholesterol
- High density lipoproteins
- Triglycerides

§ Covered once every 5 years

§ No copayment or deductible with Original Medicare



# Colorectal Cancer Screening

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- § Helps find pre-cancerous growths
- § Helps prevent or find cancer early
- § One or more of the following tests may be covered
  - Fecal Occult Blood Test
  - Flexible Sigmoidoscopy
  - Colonoscopy
  - Barium Enema

# Colorectal Cancer Screenings

Test and Requirements	If Normal Risk Covered Once Every	If High Risk, Covered Once Every	You Pay
<b>Fecal Occult Blood Test</b>  Age 50 or older	12 months	12 months	No deductible or copayment for this test.
<b>Flexible Sigmoidoscopy</b>  Age 50 or older	4 years or 10 years after a previous screening colonoscopy for those not at high risk	Every 4 years	No deductible or copayment for this test.
<b>Colonoscopy</b>  No minimum age	10 years (generally) or 4 years after a previous flexible sigmoidoscopy	Every 24 months (unless a screening flexible sigmoidoscopy is performed, then only every 4 years)	No deductible or copayment for this test.
<b>Barium Enema</b>  Age 50 or older	4 years when used instead of a sigmoidoscopy or colonoscopy	Every 24 months (as an alternative to a covered screening colonoscopy).	There is no deductible for this test. You pay 20% of the Medicare-approved amount for the doctor's services. In a hospital outpatient setting, you pay a copayment.



# Exercise

Medicare covers cardiovascular disease screening once every 10 years to reduce risk of heart disease and stroke.

1. True
2. False



# Annual Depression Screening

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## § Screening in primary care setting

- With staff-assisted depression care supports
- To assure accurate diagnosis
- Effective treatment and
- Follow-up



## § Various screening tools are available

- Choice of tool at discretion of clinician

## § No copayment or deductible for the screening



# Covered Diabetes Services

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- § Diabetes screening tests
- § Diabetes self-management training
- § Diabetes supplies
- § Medicare deductible and copayment, or coinsurance depends on the type of service



# Diabetes Screening

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- § For people at risk
- § Testing includes fasting blood glucose test
- § Talk with your doctor about frequency
  - Up to twice in a 12-month period
    - With certain risk factors or if pre-diabetic
  - If not at risk, covered once in a 12-month period
- § No copayment or deductible with Original Medicare



# Covered Diabetes Supplies

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§ Blood sugar testing supplies

§ Insulin and related supplies

- Insulin pumps
- Special foot care
- Therapeutic shoes

§ In Original Medicare

- You pay 20% after Part B deductible

§ *Medicare Coverage of Diabetes Supplies & Services* (CMS Product No. 11022)



# Diabetes Self-Management Training

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- § Instructions in self-monitoring blood glucose
- § Education about diet and exercise
- § Insulin treatment plan
- § In Original Medicare
  - You pay 20% after Part B deductible



# Glaucoma Examination

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- § Glaucoma is caused by increased eye pressure
- § Exam covered once every 12 months if at high risk
  - Diabetes
  - Family history of glaucoma
  - African-American and age 50 or older
  - Hispanic and age 65 or older
- § In Original Medicare you pay
  - 20% of the Medicare-approved amount
  - A copayment in a hospital outpatient setting



# Exercise

Medicare covers diabetes screening for people who are pre-diabetic twice within a 12-month period.

1. True
2. False



# Human Immunodeficiency Virus Screening

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§ Covered for

- Pregnant women
- People at increased risk for the infection
- Anyone who asks for the test

§ Covered once every 12 months

§ Covered up to 3 times during a pregnancy

§ No cost for the test

§ Pay 20% of Medicare-approved amount for visit

# Obesity Screening and Counseling

§ Obesity = body mass index (BMI)  $\geq 30 \text{ kg/m}^2$

§ Intensive behavioral therapy consists of

- Screening for obesity using BMI measurement
- Dietary (nutritional) assessment
- Intensive behavioral counseling and therapy

§ Coverage includes

- One face-to-face visit every week for the first month
- Then every other week for months 2-6
- Then every month for months 7-12

q Must lose 6.6 lbs in first 6 months to continue





# Pap Tests and Pelvic Exams

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- § Pap tests help find cervical and vaginal cancer
- § Screening pelvic exam
  - Helps find fibroids and ovarian cancers



# Pap Test and Pelvic Exam with Clinical Breast Exam

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§ Covered for all women

- Once every 24 months
- Once every 12 months, if you are
  - At high risk for cervical or vaginal cancer, or
  - Childbearing age and abnormal Pap test in past 36 months

§ You pay nothing for the Pap lab test, Pap test specimen collection, and pelvic and breast exams if the doctor accepts assignment.

§ Clinical breast exams may be performed at this exam

- Screening for breast cancer



# Screening Mammogram

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§ Covered for all women with Medicare

- One baseline mammogram
  - Between ages 35 and 39

- Once a year starting at age 40

§ No copayment or deductible with Original Medicare



# Diagnostic Mammogram

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§ Covered for men and women

- Must meet certain conditions

- ◻ Signs/symptoms of breast disease

- ◻ History of breast disease

§ Different payment for diagnostic mammogram



# Prostate Cancer Screening

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§ Covered for all men with Medicare

- Beginning the day after 50th birthday

§ Tests include

- Digital rectal exam
- PSA blood test

§ In Original Medicare you pay

- Nothing for the PSA blood (lab) test
- 20% after Part B deductible for digital rectal exam



# Pneumococcal Vaccine

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- § Pneumonia is inflammation in the lungs
- § One vaccine could be all you ever need
  - To prevent pneumococcal pneumonia
- § All people with Medicare are eligible
- § No copayment or deductible with Original Medicare



# Influenza (“Flu”) Vaccine

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§ Flu vaccine covered for all people with Medicare

§ Flu can lead to pneumonia

- Dangerous for people 50 and over

§ Flu viruses are always changing

- Vaccine updated annually for most current flu viruses

§ No copayment or deductible with Original Medicare



# Shingles Vaccine

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- § Shingles vaccine is covered by Medicare Part D
  - Cost may be higher if received at non-plan pharmacy
  - May have to pay upfront if dispensed at doctor's office
- § People who have had chickenpox in the past are at risk for developing shingles
- § Check with plan for cost



# Hepatitis B Vaccines

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§ Serious disease (virus attacks the liver)

- Can cause lifelong infection
- Cirrhosis (scarring) of the liver
- Liver cancer, liver failure
- Death

§ Covered for medium to high risk

- End-stage renal disease and hemophilia
- Conditions that lower resistance to infection

§ No copayment or deductible with  
Original Medicare



# Exercise

You should get an influenza (flu) vaccine every year to guard against influenza.

1. True
2. False



# Smoking Cessation Services

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§ When diagnosed with a tobacco-related disease

- Cessation counseling
  - ◻ Two attempts of up to 8 sessions per year
  - ◻ Inpatient or outpatient
  - ◻ Intermediate or intensive

§ In Original Medicare you pay

- 20% after Part B deductible



# Preventive Smoking Cessation

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## § No diagnosis required

- Up to 8 sessions in a 12-month period
- Other rules apply

## § Covered under Medicare Part B

- There is no cost for counseling sessions
- Medicare Part B deductible does not apply

## § Part D can help pay for drug therapy

- Nicotine patches
- Other drugs



# Medicare Kidney Disease Education Benefit

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- § People with Stage IV chronic kidney disease
  - Have advanced kidney damage and
  - Will likely need dialysis or a kidney transplant soon
- § Part B covers up to six sessions of education
  - Doctor must refer you for the service
- § Help prevent/delay the need for dialysis
- § Provides information about treatment options
- § You pay
  - 20% of the Medicare-approved amount
  - Part B deductible



# Exercise

Which of the following Medicare Preventive Services are new?

1. Alcohol misuse screening, depression screening, diabetes screening,
2. Alcohol misuse screening, depression screening, glaucoma examination
3. Alcohol misuse screening, depression screening, pneumococcal vaccine
4. Alcohol misuse screening, depression screening, obesity counseling

Preventive Service	Who Is Covered	How Often It's Covered	Your Costs
<p><b>Welcome to Medicare Preventive Visit</b></p> <p>This one-time visit includes a medical and social history review of your health. Depending on your general health and medical history, your doctor may refer you for additional tests. Your doctor will develop a personalized written plan letting you know which screenings and other preventive services you need.</p>	<p>All people joining the Medicare program.</p>	<p>One time within the first 12 months you have Medicare Part B.</p>	<p>There is no cost if your doctor accepts Medicare assignment.*</p>
<p><b>Annual Wellness Visit</b></p> <p>Medicare provides an annual wellness visit that lets you visit your physician to develop or update a personalized prevention plan based on your current health and risk factors.</p>	<p>All people with Medicare.</p>	<p>If you've had Part B for longer than 12 months, you can get an annual wellness visit to develop or update your personalized prevention plan. This visit is covered once every 12 months. <b>Note:</b> Your first annual wellness visit can't take place within 12 months of your Welcome to Medicare visit.</p>	<p>There is no cost if your doctor accepts Medicare assignment.*</p>
<p><b>Abdominal Aortic Aneurysm Screening</b></p> <p>This ultrasound screening test checks the aorta for weak area expansions or bulges, which indicate a life-threatening condition.</p>	<p>Men and women with Medicare who have been identified by their physician as being at risk for having an abdominal aortic aneurysm. Risk factors include:</p> <ul style="list-style-type: none"> <li>• A family history of abdominal aortic aneurysm</li> <li>• Being a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime</li> </ul>	<p>This is a one-time screening ultrasound test. In order to have this screening covered by Medicare, patients that have been identified as high-risk must get a referral for this procedure at their Welcome to Medicare visit.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p><b>Alcohol Misuse Screening and Counseling</b></p> <p>Medicare covers annual alcohol screening and up to four brief face-to-face behavioral counseling sessions.</p>	<p>People with Medicare, including pregnant women, who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence.</p>	<p>Screening for alcohol misuse is covered once every 12 months. If the screening is positive, up to 4 brief counseling sessions are covered during the 12 months following the date of the screening.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>

Preventive Service	Who Is Covered	How Often It's Covered	Your Costs
<p><b>Bone Mass Measurement</b></p> <p>Medicare covers bone mass measurements to determine whether you are at risk for osteoporosis.</p>	<p>People with Medicare who fall into at least one of the following categories:</p> <ul style="list-style-type: none"> <li>• A woman who is estrogen deficient and at clinical risk for osteoporosis</li> <li>• People with vertebral abnormalities</li> <li>• People receiving (or expecting to receive) steroid therapy for more than 3 months.</li> <li>• People with hyperparathyroidism</li> <li>• People being monitored to assess their response to FDA-approved osteoporosis drug therapy</li> </ul>	<p>This service is usually covered once every 24 months (or more frequently if medically necessary).</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p><b>Cardiovascular Disease Screening</b></p> <p>These blood tests help detect conditions that may lead to a heart attack or stroke. They test your cholesterol, lipid, and triglyceride levels.</p>	<p>All people with Medicare</p>	<p>Medicare covers these tests once every five years.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p><b>Behavioral Therapy for Cardiovascular Disease</b></p> <p>Medicare covers intensive behavioral therapy for cardiovascular disease (a CVD risk reduction visit), which includes:</p> <ul style="list-style-type: none"> <li>• Encouraging aspirin use when benefits outweigh risks,</li> <li>• Screening for high blood pressure, and</li> <li>• Intensive behavioral counseling to promote a healthy diet.</li> </ul>	<p>All people with Medicare.</p>	<p>Medicare covers one session of intensive behavioral therapy for cardiovascular disease each year.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>

Preventive Service	Who Is Covered	How Often It's Covered	Your Costs
<p><b>Colorectal Cancer Screening</b></p> <p>To help find precancerous growths or find cancer early, when treatment is most effective. Your doctor may order one of the following tests:</p> <ul style="list-style-type: none"> <li>• Fecal Occult Blood Test</li> <li>• Flexible Sigmoidoscopy</li> <li>• Colonoscopy</li> <li>• Barium Enema</li> </ul>	<p>Men and women with Medicare age 50 and older who are at risk of developing colorectal cancer.</p>	<p><b><u>Normal risk</u></b></p> <p><b>Fecal Occult Blood Test</b> Annually</p> <p><b>Flexible Sigmoidoscopy</b> Once every 4 years (unless a screening colonoscopy has been performed and then Medicare may cover a screening sigmoidoscopy after at least 119 months),</p> <p><b>Screening Colonoscopy</b> Every 10 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover a screening colonoscopy only after at least 47 months)</p> <p><b>Barium Enema</b> (As an alternative to a covered screening flexible sigmoidoscopy).</p> <p><b><u>High risk</u></b></p> <p><b>Fecal Occult Blood Test</b> Annually</p> <p><b>Flexible Sigmoidoscopy</b> Once every 4 years</p> <p><b>Screening Colonoscopy</b> Every 2 years (unless a screening flexible sigmoidoscopy has been performed and then Medicare may cover a screening colonoscopy only after at least 47 months)</p> <p><b>Barium Enema</b> (As an alternative to a covered screening colonoscopy)</p>	<p><b>Fecal Occult Blood Test</b> There is no cost if your doctor accepts Medicare assignment.</p> <p><b>Flexible Sigmoidoscopy</b> There is no cost if your doctor accepts Medicare assignment.</p> <p><b>Colonoscopy</b> There is no cost if your doctor accepts Medicare assignment.</p> <p><b>Barium Enema</b>—You pay 20% of the Medicare approved amount for the doctor's services. In a hospital outpatient setting, you also pay the hospital a copayment</p>

Preventive Service	Who Is Covered	How Often It's Covered	Your Costs
<p><b>Depression Screening</b></p> <p>Medicare covers preventive screening for depression. Preventive coverage is limited to screening services, and does not include treatment options, interventions, or complications or chronic conditions resulting from depression.</p>	<p>All people with Medicare</p>	<p>This service is usually covered once every 12 months.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p><b>Diabetes Screening</b></p> <p>Medicare covers a fasting blood glucose test to screen people at risk for diabetes.</p>	<p>Men and women with Medicare with any of the following risk factors:</p> <ul style="list-style-type: none"> <li>• High blood pressure (hypertension)</li> <li>• History of abnormal cholesterol and triglyceride levels (dyslipidemia)</li> <li>• Obesity</li> <li>• History of high blood sugar</li> <li>• Family history of diabetes</li> </ul>	<p>Up to two tests per year if you have pre-diabetes.</p> <p>One screening test per year if you do NOT have pre-diabetes or have never been tested before.</p>	<p>There is no cost if your doctor accepts Medicare assignment</p>
<p><b>Diabetes Self-Management Training</b></p> <p>Medicare covers certain services for people with diabetes to help them successfully manage the disease and help prevent its complications.</p>	<p>People with Medicare that have diabetes and have a written order from their physician treating their diabetes</p>	<p>Up to 10 hours of training during the first year.</p> <p>Two hours of follow-up training each year thereafter if ordered by your physician.</p>	<p>Medicare beneficiaries pay 20% of the Medicare-approved amount after the yearly Part B deductible.</p>

Preventive Service	Who Is Covered	How Often It's Covered	Your Costs
<p><b>Glaucoma Examination</b></p> <p>A glaucoma screening eye exam is used to detect glaucoma. Glaucoma is caused by abnormally high pressure in the eye which damages the optic nerve and, without treatment, can gradually lead to blindness.</p>	<p>Men and women with Medicare that are considered high risk. You are considered high risk if you have one of the following risk factors:</p> <ul style="list-style-type: none"> <li>• You have diabetes</li> <li>• You are African-American and are age 50 or older</li> <li>• You are Hispanic and are 65 or older</li> <li>• You have a family history of glaucoma</li> </ul>	<p>Medicare covers glaucoma screenings every 12 months for high risk patients.</p>	<p>Medicare beneficiaries pay 20% of the Medicare-approved amount after the yearly Part B deductible.</p>
<p><b>Hepatitis B Vaccines</b></p> <p>A series of three shots are needed for complete protection from this disease which infects the liver.</p>	<p>Men and women with Medicare whose doctor identifies them as medium to high risk for Hepatitis B. Risk factors include:</p> <ul style="list-style-type: none"> <li>• Hemophilia</li> <li>• End Stage Renal Disease</li> </ul>	<p>One series of Hepatitis B shots provides complete lifetime protection.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p><b>HIV Screening</b></p> <p>This is a blood test to screen for Human Immunodeficiency Virus (HIV).</p>	<p>Men and women with Medicare who are at increased risk for infection, as well as anyone that asks to be tested.</p>	<p>Medicare covers HIV screening once every 12 months for people with Medicare who are at increased risk for the infection, as well as for anyone that asks to be tested. Medicare also covers HIV screening for women who are pregnant up to three times during the pregnancy (when you become pregnant, during 3<sup>rd</sup> trimester, and at delivery if ordered by your doctor).</p>	<p>There is no cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit.</p>

Preventive Service	Who Is Covered	How Often It's Covered	Your Costs
<p><b>Influenza (Flu) Vaccine</b></p> <p>The Centers for Disease Control recommends a flu shot as the first and most important step in protecting against flu viruses.</p>	<p>All people with Medicare</p>	<p>Medicare covers an influenza shot once each flu season. It's best to have the immunization in the fall or early winter.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p><b>Obesity Screening and Counseling</b></p> <p>Medicare offers intensive behavioral therapy for beneficiaries with obesity, defined as a body mass index (BMI) <math>\geq 30 \text{ kg/m}^2</math>.</p>	<p>All people with Medicare may be screened for obesity. Counseling is covered for anyone found to have a BMI <math>\geq 30 \text{ kg/m}^2</math>.</p>	<p>Beneficiaries with BMIs <math>\geq 30 \text{ kg/m}^2</math> are eligible for:</p> <ul style="list-style-type: none"> <li>• One face-to-face visit each week for the first month;</li> <li>• One face-to-face visit every other week for months 2-6;</li> <li>• One face-to-face visit every month for months 7-12 if the beneficiary loses 3kg during months 1-6.</li> </ul>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p><b>Pap Tests and Pelvic Exams with a Clinical Breast Exam</b></p> <p>These tests and exams check for cervical, vaginal, and breast cancers.</p>	<p>All women with Medicare</p>	<p>Pap tests and pelvic exams are covered by Medicare every 24 months. Note: If you are of childbearing age and have had an abnormal Pap test within the past 36 months, or if your doctor determines you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap test and pelvic exam every 12 months.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p><b>Pneumococcal Vaccine</b></p> <p>This immunization protects beneficiaries from pneumococcal pneumonia, an inflammation of the lungs caused by bacterial infection.</p>	<p>All people with Medicare</p>	<p>Most people need just one shot in their lifetime. Medicare will cover additional shots if your doctor decides that they are medically necessary.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>

Preventive Service	Who Is Covered	How Often It's Covered	Your Costs
<p><b>Prostate Cancer Screening</b></p> <p>The tests included in this screening are the Prostate Specific Antigen (PSA) blood test and a digital rectal exam.</p>	<p>Men with Medicare age 50 and older. Coverage begins the day after your 50th birthday</p>	<p>Medicare covers PSA screening tests and digital rectal examinations for prostate cancer once every 12 months.</p>	<p>There is no cost for the PSA blood test. Deductibles and copayment cost sharing applies for the digital rectal exam.</p>
<p><b>Screening Mammogram</b></p> <p>A type of X-ray to check for breast cancer.</p>	<p>All women with Medicare</p>	<p>Screening mammograms are covered by Medicare once every 12 months for women age 40 and over. Medicare covers one baseline mammogram for women between ages 35 and 39.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>
<p><b>Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling to Prevent STIs (HIBC)</b></p> <p>Medicare covers screening for indicated STIs with the appropriate lab tests when ordered by the primary care physician or practitioner, and performed by an eligible Medicare provider.</p> <p>Medicare also covers up to two individual 20-30 minute face-to-face counseling sessions if referred for this service by a primary care provider and provided by a Medicare eligible primary care provider in a primary care setting.</p>	<p>Chlamydia and gonorrhea screening:</p> <ul style="list-style-type: none"> <li>• Pregnant women age 24 or younger</li> <li>• Pregnant women at increased risk of STI</li> <li>• Women at increased risk for STIs</li> </ul> <p>Syphilis screening:</p> <ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Men and women at increased risk for STIs</li> </ul> <p>Hepatitis B screening:</p> <ul style="list-style-type: none"> <li>• Pregnant women</li> </ul> <p>High-Intensity behavioral counseling:</p> <ul style="list-style-type: none"> <li>• All sexually active adolescents and adults at increased risk of STI</li> </ul>	<p>Chlamydia and gonorrhea screening:</p> <ul style="list-style-type: none"> <li>• When pregnancy diagnosis is made, and repeated during the third trimester if high-risk sexual behavior has occurred since the initial screening test.</li> <li>• Annually for women at increased risk.</li> </ul> <p>Syphilis screening:</p> <ul style="list-style-type: none"> <li>• When pregnancy diagnosis is made, and repeated during the third trimester and at delivery if high-risk sexual behavior has occurred since the last screening test.</li> <li>• Annually for men and women at increased risk.</li> </ul> <p>Hepatitis B screening:</p> <ul style="list-style-type: none"> <li>• At first prenatal visit and at delivery for those with new or continuing risk factors.</li> </ul> <p>High-Intensity behavioral counseling:</p> <ul style="list-style-type: none"> <li>• Two 20-30 minute sessions annually</li> </ul>	<p>There is no cost if your doctor accepts Medicare assignment.</p>

Preventive Service	Who Is Covered	How Often It's Covered	Your Costs
<p><b>Tobacco Use Cessation Services</b></p> <p>Tobacco Use cessation services include counseling sessions.</p>	<p>Medicare beneficiaries who use tobacco and have a recognized tobacco related disease, or who have signs or symptoms of tobacco-related disease</p>	<p>Medicare will cover two cessation attempts per year. Each attempt may include up to four counseling sessions, with the total annual benefit covering up to eight sessions in a 12 month period.</p>	<p>Deductibles and copayment cost sharing apply.</p> <p>Many drugs are available to aid tobacco use cessation, including nicotine patches. These drugs may be covered by Medicare Part D plans. Check with your plan for specific details.</p>
<p><b>Counseling to Prevent Tobacco Use</b></p>	<p>Medicare beneficiaries who use tobacco, regardless of whether they have signs or symptoms of tobacco related disease</p>	<p>Medicare will cover two cessation attempts per year. Each attempt may include up to four counseling sessions, with the total annual benefit covering up to 8 sessions in a 12 month period.</p>	<p>There is no cost if your doctor accepts Medicare assignment.</p>

\*If a medically necessary evaluation and management service is furnished in the same visit as an IPPE or AWW visit, cost sharing requirements will apply to the additional service only."

# Preventive Services Resource Guide

## Resources

**Medicare.gov**  
[www.medicare.gov](http://www.medicare.gov)

1-800-MEDICARE  
(1-800-633-4227)  
(TTY 1-877-466-2048)

**Local State Health Insurance Programs**  
[www.medicare.gov/contacts](http://www.medicare.gov/contacts)

**Centers for Disease Control**  
[www.cdc.gov](http://www.cdc.gov)

**Flu Information**  
[www.flu.gov](http://www.flu.gov)

**HHS Tobacco Cessation Resources**  
[www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco)

**National Cancer Institute**  
[www.cancer.gov](http://www.cancer.gov)  
1-800-4CANCER  
(TTY-1-800-332-8615)

**Medline Plus**  
[www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)

4/2/2012

**American Cancer Society**  
[www.cancer.org](http://www.cancer.org)  
1-800-ACS-2345  
(1-800-227-2345)

**American Diabetes Association**  
[www.diabetes.org](http://www.diabetes.org)  
1-800-DIABETES  
(1-800-342-2383)

**American Lung Association**  
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Medicare Preventive Services

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