

Staying Healthy

Medicare's preventive
services

[Medicare.gov](https://www.Medicare.gov)



Medicare

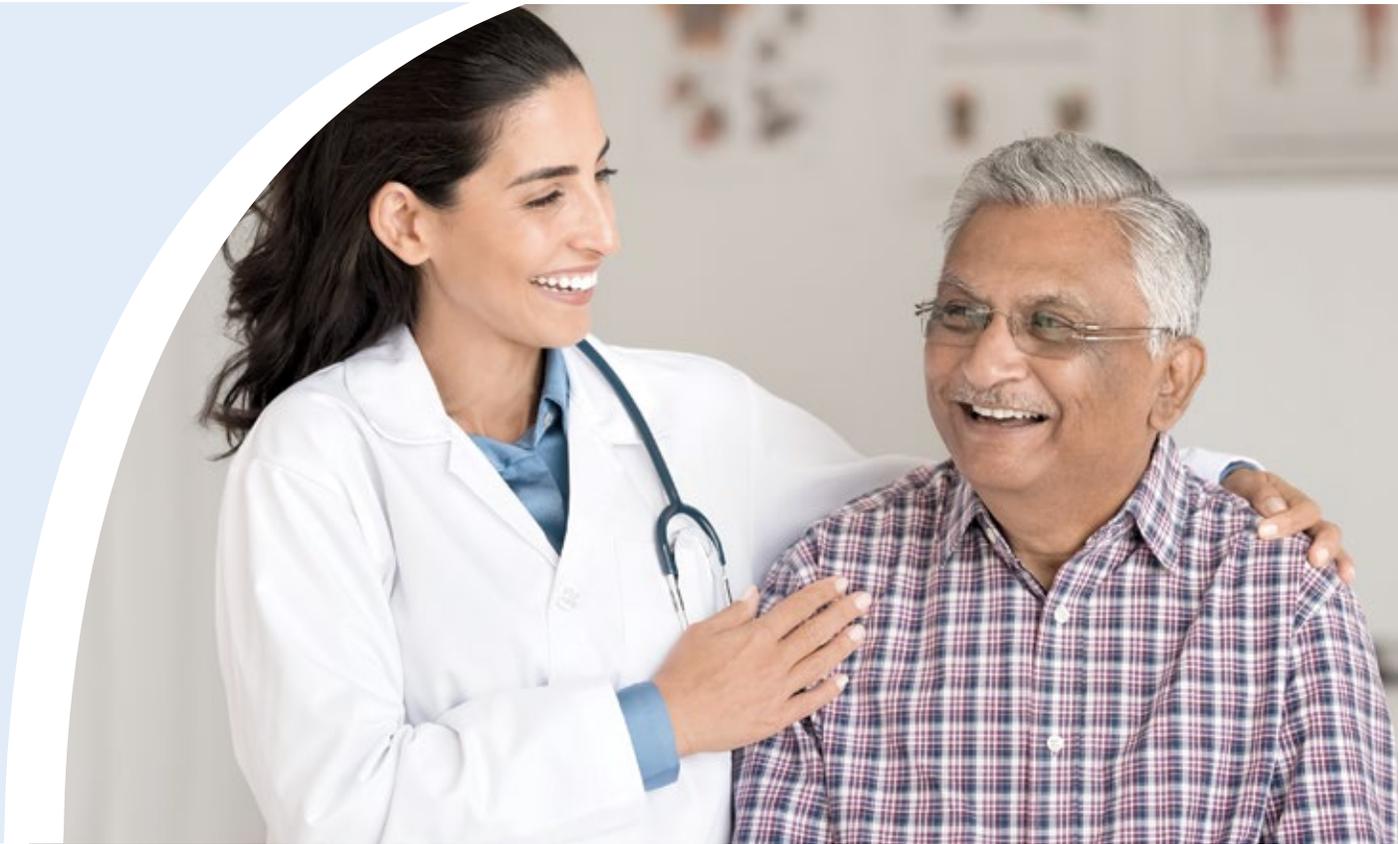
About this booklet

Preventive services are health care services that help you prevent or find health problems at an early stage, and stay healthy. This booklet describes the preventive services that Original Medicare covers. Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). Talk to your doctor or other health care provider to find out which preventive services are right for you and how often you need them.

What you'll pay

If you have Part B, you'll pay nothing for many preventive services if you get them from a doctor or other qualified health care provider who accepts assignment. Assignment is an agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and any applicable coinsurance or copayment amounts.

If you have Medicare Advantage or another Medicare health plan, some plans may not charge deductibles, copayments, or coinsurance for certain in-network, Medicare-covered preventive services. Contact your plan or benefits administrator directly to learn more about your costs and coverage for preventive services. You can usually find your plan's contact information on your plan membership card. For more information about Medicare health plans, visit [Medicare.gov/health-drug-plans/health-plans](https://www.Medicare.gov/health-drug-plans/health-plans).



Medicare-covered preventive services

This section lists the preventive services Medicare covers in alphabetical order.

To find out if Medicare covers a service or test for men, women, or both men and women, look for one of these symbols next to each preventive service:

Men only



Women only



Men & women





Abdominal aortic aneurysm screenings

Abdominal aortic aneurysm screenings check for aneurysms (bulges in blood vessels) in the abdominal area. Medicare covers an abdominal aortic aneurysm screening ultrasound once in your lifetime if you're at risk and you get a referral from your doctor or other health care provider. You're considered at risk if you have a family history of abdominal aortic aneurysms, or you're a man between 65–75 and have smoked at least 100 cigarettes in your lifetime.



Alcohol misuse screenings & counseling

Alcohol misuse screening tests include questions about your alcohol use. Medicare covers one alcohol misuse screening each year for adults who use alcohol, but don't meet the medical criteria for alcohol dependency. If your primary care doctor or other health care provider determines you're misusing alcohol, you can get up to 4 brief, face-to-face counseling sessions each year (if you're competent and alert during counseling). You must get the counseling in a primary care setting (like a doctor's office).



Bone mass measurements

Bone mass measurements can help find out if you're at risk for broken bones. Medicare covers these tests once every 24 months (or more often, if medically necessary) for certain people at risk for osteoporosis.



Cardiovascular behavioral therapy

Cardiovascular behavioral therapy helps lower your risk for cardiovascular disease (conditions that affect the heart and blood vessels). Medicare covers one cardiovascular behavioral therapy visit each year with your primary care doctor or other primary care practitioner in a primary care setting (like their office). During therapy, your primary care practitioner may discuss aspirin use, check your blood pressure, and give you tips on diet and exercise.



Cardiovascular disease screenings

Cardiovascular disease screenings check for problems with your heart and blood vessels, and find out if you're at risk for heart disease. Medicare covers these screenings once every 5 years. The screenings include blood tests for cholesterol, lipid, and triglyceride levels that help detect conditions that may lead to a heart attack or stroke.



Cervical & vaginal cancer screenings

Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the pelvic exam, Medicare also covers a clinical breast exam to check for breast cancer. Most women with Medicare can get these tests and exams once every 24 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 can get these screenings once every 12 months. Medicare also covers Human Papillomavirus (HPV) tests (as part of Pap tests) once every 5 years if you're between 30–65 and don't have HPV symptoms.



Colorectal cancer screenings

Colorectal cancer screenings help find precancerous polyps (growths in the colon) or find colorectal cancer early, when treatment is most effective. If you're 45 or older, or are at high risk for colorectal cancer, Medicare covers one or more of these screenings:

- Colonoscopies
- Blood-based biomarker tests
- Computed tomography (CT) colonography
- Fecal occult blood tests
- Flexible sigmoidoscopy
- Multi-target stool DNA tests

How often Medicare pays for these tests depends on the test and your level of risk for colorectal cancer.



Counseling to prevent tobacco use & tobacco-caused disease

Medicare covers counseling to help people stop smoking or using tobacco. You can get up to 8 counseling sessions in a 12-month period if you use tobacco.



COVID-19 vaccines

These vaccines help lower your chance of becoming sick from COVID-19 by working with the body's natural defenses to safely develop immunity (protection) against the virus. Medicare covers FDA-approved and -authorized COVID-19 vaccines for all people with Medicare.



Depression screenings

Medicare covers one depression screening each year for all people with Medicare. During the screening, your doctor or other health care provider will ask you a series of questions to find out if you have depression. You must get the screening in a primary care setting (like a doctor's office) where you can get follow-up treatment and/or referrals to a mental health care provider.

If you or someone you know is struggling or in crisis, call or text 988, the free and confidential Suicide & Crisis Lifeline. You can call and speak with a trained crisis counselor 24 hours a day, 7 days a week. You can also connect with a counselor through web chat at 988lifeline.org. Call 911 if you're in an immediate medical crisis.



Diabetes screenings

Medicare covers blood glucose (sugar) laboratory test screenings (fasting or non-fasting) if your doctor or other health care provider determines you're at risk for developing diabetes. You're considered at risk if you have high blood pressure, a history of abnormal cholesterol and triglyceride levels, obesity, or a history of high blood sugar.

You may also be at risk if 2 or more of these conditions apply to you:

- You're 65 or older
- You're overweight
- You have a family history of diabetes (parents or siblings)
- You have a history of gestational diabetes (diabetes during pregnancy) or delivery of a baby weighing more than 9 pounds



Diabetes self-management training

If you've been diagnosed with diabetes, Medicare covers outpatient diabetes self-management training to help you manage your disease. Your program may include tips for eating healthy and being active, monitoring blood glucose (sugar), taking prescription drugs, and reducing risks. To get this training, you must have a written order from your doctor or other health care provider.



Flu shots

Flu shots can keep you from getting sick with seasonal influenza (flu) viruses during the fall and winter. Medicare usually covers these shots once each flu season.



Glaucoma screenings

Glaucoma screenings painlessly check your vision and optic nerve health to look for signs of the eye disease glaucoma. Medicare covers this screening once every 12 months if you're at high risk for developing glaucoma.



Hepatitis B shots

Hepatitis B shots (vaccines) help protect against the Hepatitis B virus (HBV). Medicare covers these shots if you meet at least one of these conditions: You've never gotten a complete series of Hepatitis B shots, you don't know your vaccination history, or you have another condition or situation that puts you at medium or high risk for Hepatitis B.



Hepatitis B virus (HBV) infection screenings

HBV infection screenings help to find out if you're infected with HBV. Medicare covers these screenings if a doctor or other health care provider orders one, and you're either at high risk for HBV infection or you're pregnant. Medicare covers this screening each year if you're at continued high risk and don't get a Hepatitis B shot. If you're pregnant, Medicare covers this screening at the following times, even if you previously got the Hepatitis B shot or had negative HBV screening results: Your first prenatal visit and at the time of the delivery (if you have a new or continued risk factor for HBV infection).



Hepatitis C virus screenings

These screenings help to find out if you're infected with the Hepatitis C virus. Medicare covers Hepatitis C screenings if your primary care doctor or other health care provider orders one, and you meet certain conditions. Medicare pays for a Hepatitis C virus screening:

- Yearly, if you're at high risk because you've continued to use illicit injection drugs since your previous negative Hepatitis C screening test.
- Once, if you're at high risk because:
 - You had a blood transfusion before 1992.
 - You used illicit injection drugs in the past.
- Once, if you were born between 1945–1965 and aren't considered high risk.



Human Immunodeficiency Virus (HIV) screenings

HIV screenings check to find out if you've been infected with HIV. Medicare covers HIV screenings once each year if you're either between 15–65, or younger than 15 or older than 65 and at increased risk for HIV. If you're pregnant, Medicare covers a screening up to 3 times during your pregnancy.



Lung cancer screenings

Lung cancer screenings check for early signs of lung cancer in adults who are at risk of getting the disease. Medicare covers these screenings with low dose computed tomography (also known as “CT scans”) once each year if you meet all of these conditions:

- You're between 50–77.
- You don't have signs or symptoms of lung cancer (you're asymptomatic).
- You have a tobacco smoking history of at least 20 “pack years” (an average of one pack (20 cigarettes) per day for 20 years).
- You're either a current smoker, or you quit smoking within the last 15 years.
- You get an order from your doctor or other health care provider.



Mammograms

Mammograms check for breast cancer. Every woman is at risk, and this risk increases with age. Medicare covers screening mammograms once every 12 months for women 40 or older. Medicare covers diagnostic mammograms more frequently than once a year, if medically necessary. If you're a woman between 35–39, Medicare also covers one baseline mammogram in your lifetime.



Medical nutrition therapy services

Medicare covers medical nutrition therapy services if you have diabetes or kidney disease, or if you've had a kidney transplant in the last 36 months. A doctor must refer you for the services. The services you get may include:

- An initial nutrition and lifestyle assessment
- Individual and/or group nutritional therapy services
- Help managing the lifestyle factors that affect your diabetes
- Follow-up visits to check on your progress



Medicare Diabetes Prevention Program

If you have pre-diabetes and meet other criteria, Medicare covers a health behavior change program to help you prevent type 2 diabetes. You can participate in the Medicare Diabetes Prevention Program once in your lifetime. The program begins with 16 weekly core sessions offered in a group setting over a six-month period. Once you complete the core sessions, you'll get 6 monthly follow-up sessions to help you maintain healthy habits.



Obesity behavioral therapy

Obesity behavioral therapy includes an initial screening for body mass index (BMI) and behavioral therapy sessions that include a dietary assessment and counseling to help you lose weight by focusing on diet and exercise. Medicare covers obesity screenings and behavioral counseling if you have a BMI of 30 or more. Your primary care doctor or other primary care practitioner must give the counseling in a primary care setting (like a doctor's office), where they can coordinate your personalized plan with your other care.



Pneumococcal shots

Medicare covers pneumococcal shots (or vaccines) to help protect against different strains of the bacteria that cause pneumonia. Talk with your doctor or other health care provider to decide which immunizations are right for you.



Pre-exposure prophylaxis (PrEP) for HIV prevention

PrEP uses antiretroviral medication to lower your risk of getting HIV (Human Immunodeficiency Virus). If you don't have HIV, but your doctor or other provider determines you're at an increased risk for HIV, Medicare covers FDA-approved oral or injectable PrEP medication, counseling services, HIV screenings, and a one-time Hepatitis B virus screening.



Preventive visits

One-time “Welcome to Medicare” preventive visit—Medicare covers this visit within the first 12 months you have Part B. During the visit, you and your doctor or other health care provider will talk about things like your medical and social history related to your health, education and counseling about preventive services (like screenings and shots or vaccines), referrals for other care you may need, and your potential risk factors for substance use disorder. **The “Welcome to Medicare” preventive visit isn’t a physical exam.**

Yearly “Wellness” visit—Medicare covers this yearly visit if you’ve had Part B for longer than 12 months. You can get this visit to develop or update your personalized plan to help prevent disease and disability, based on your current health and risk factors. Medicare covers this visit once every 12 months. **The yearly “Wellness” visit isn’t a physical exam.**



Prostate cancer screenings

These screenings check for prostate cancer. Medicare covers digital rectal exams and prostate specific antigen (PSA) blood tests once every 12 months for men over 50 (starting the day after your 50th birthday).



Sexually transmitted infections screenings & counseling

Medicare covers sexually transmitted infection screenings for chlamydia, gonorrhea, syphilis, and/or Hepatitis B if you’re pregnant or at increased risk for a sexually transmitted infection. Medicare covers these screenings once every 12 months, or at certain times during pregnancy. Medicare also covers up to 2 face-to-face behavioral counseling sessions each year if you’re a sexually active adult at increased risk for these infections. Your health care provider must order the screening or refer you for behavioral counseling. Medicare will only cover these sessions with a provider in a primary care setting (like a doctor’s office). Medicare won’t cover counseling as a preventive service in an inpatient setting (like a skilled nursing facility).

For more information

You can learn more about Medicare’s preventive services by visiting [Medicare.gov/coverage/preventive-screening-services](https://www.medicare.gov/coverage/preventive-screening-services). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You can also log into (or create) your secure Medicare account at [Medicare.gov](https://www.medicare.gov) where you can find a list of preventive services you’re eligible to get in Original Medicare. Through your account, you can also get other personal Medicare information, view your Medicare claims, print a copy of your official Medicare card, pay your Medicare premiums if you get a bill from Medicare, and more.

Accessible communications

Medicare provides free auxiliary aids and services, including information in accessible formats like braille, large print, data or audio files, relay services and TTY communications. If you request information in an accessible format, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format you can:

1. Call us:

For Medicare: 1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

For Marketplace: 1-800-318-2596

TTY: 1-855-889-4325

2. Email us: altformatrequest@cms.hhs.gov

3. Send us a fax: 1-844-530-3676

4. Send us a letter:

Centers for Medicare & Medicaid Services

Offices of Hearings and Inquiries (OHI)

7500 Security Boulevard, Mail Stop DO-01-20

Baltimore, MD 21244-1850

Attn: Customer Accessibility Resource Staff (CARS)

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

Note: If you're enrolled in a Medicare Advantage Plan or Medicare drug plan, contact your plan to request its information in an accessible format. For Medicaid, contact your state or local Medicaid office.

Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You can contact CMS in any of the ways included in this notice if you have any concerns about getting information in a format that you can use.

You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare drug plan, state or local Medicaid office, or Marketplace Qualified Health Plans. There are 3 ways to file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights:

1. Online:

hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

2. By phone:

Call 1-800-368-1019.

TTY users can call 1-800-537-7697.

3. In writing: Send information about your complaint to:

Office for Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Official Business
Penalty for Private Use, \$300

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To get a free copy of this booklet in Spanish, visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Esta publicación está disponible en Español. Para obtener una copia gratis, visite [Medicare.gov](https://www.Medicare.gov) o llame al 1-800-MEDICARE.



Medicare

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

“Staying Healthy” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

This product was produced at U.S. taxpayer expense.