

Staying Healthy

Medicare's
Preventive
Services

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



Medicare

About this booklet

This booklet describes the preventive services that Medicare covers. Preventive services include exams, shots, lab tests, and screenings. They also include programs for health monitoring, and counseling and education to help you take care of your health. Preventive services can find health problems early, when treatment works best. Talk to your doctor or other provider to find out which preventive services are right for you and how often you need them.

What you'll pay

If you have Medicare Part B (Medical Insurance), you'll pay nothing for many preventive services if you get them from a qualified doctor or other 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 coinsurance.

If you have a 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. For more information about Medicare health plans, visit [Medicare.gov/health-drug-plans/health-plans](https://www.medicare.gov/health-drug-plans/health-plans).



Section 1:

Medicare covers these preventive services

Abdominal aortic aneurysm screenings

A one-time screening ultrasound for people at risk. If you have a family history of abdominal aortic aneurysms, or you're a man 65–75 and have smoked at least 100 cigarettes in your lifetime, you're considered at risk.

Alcohol misuse screenings & counseling

Medicare covers one alcohol misuse screening per year for adults (including pregnant women) to identify those who misuse alcohol, but aren't alcohol dependent. If your primary care doctor or other provider determines you're misusing alcohol, you can get up to 4 brief, face-to-face counseling sessions per 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

These tests 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

Medicare will cover one visit per year with your primary care doctor or other primary care practitioner to help lower your risk for cardiovascular disease. During this visit, your doctor may discuss aspirin use, check your blood pressure, and give you tips on diet and exercise.

Cardiovascular disease screenings

These screenings check your cholesterol, lipid, and triglyceride levels to find out if you're at risk for a heart attack or stroke. Medicare covers a cardiovascular disease screening once every 5 years.

Cervical & vaginal cancer screenings

Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. Most women with Medicare can get these tests and exams once every 24 months. Women at high risk for cervical or vaginal cancer, or women of child-bearing age who have had an abnormal Pap test in the past 36 months can get them once every 12 months. Medicare also covers Human Papillomavirus (HPV) tests (as part of Pap tests) once every 5 years if you're 30–65 and don't have HPV symptoms.

Colorectal cancer screenings

These screening tests help find precancerous polyps (growths in the colon), or detect colorectal cancer early, when treatment works best. If you're 45 or older, or are at high risk for colorectal cancer, Medicare covers one or more of these screening tests: fecal occult blood test (screening), blood-based biomarker screening test for colorectal cancer, flexible sigmoidoscopy screening, screening colonoscopy, barium enema (screening), and multi-target stool DNA test. 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

Medicare covers FDA-approved and FDA-authorized COVID-19 vaccines for all people with Medicare.

Depression screenings

Medicare covers one depression screening per year for all people with Medicare. You must get the screening in a primary care setting (like a doctor's office) where you can get follow-up treatment and referrals.

Diabetes screenings

Medicare covers blood screening tests to check for diabetes if your doctor or other provider determines you're at risk for developing the disease. You're considered at risk if you're obese, or if you have high blood pressure, a history of abnormal cholesterol and triglyceride levels, or a history of high blood sugar. Medicare also covers these screening tests if you meet 2 or more of these criteria: 65 or older, overweight, family history of diabetes (parents or siblings), a history of gestational diabetes (diabetes during pregnancy), or delivery of a baby weighing more than 9 pounds. If you qualify to get diabetes screenings, you can get up to 2 each year (within 12 months of your most recent screening).

Diabetes self-management training

This training teaches you how to cope with and manage your diabetes. Your training may include tips for eating healthy and being active, monitoring blood sugar, taking prescription drugs, and reducing risks. Medicare covers this training if you have diabetes and you get a written order from your doctor or other provider.

Flu shots

These shots help prevent influenza or flu virus. Medicare usually covers these shots once per flu season.

Glaucoma screenings

These tests help check for the eye disease glaucoma. Medicare covers these tests once every 12 months for people at high risk for developing glaucoma.

Hepatitis B shots

This series of shots helps protect people from getting Hepatitis B. Medicare covers these shots for people at medium or high risk for Hepatitis B.

Hepatitis B Virus (HBV) infection screenings

Medicare covers HBV infection screenings for people at high risk for HBV infection and pregnant women. Medicare will only cover these screenings if a primary care doctor or other provider orders them. Medicare covers HBV infection screenings yearly for those at continued high risk who don't get a Hepatitis B vaccination. Medicare also covers these screenings for pregnant women at the first prenatal visit for each pregnancy, at the time of delivery for those with new or continued risk factors, and at the first prenatal visit for future pregnancies (even if you previously got the Hepatitis B shot or had negative HBV screening results).

Hepatitis C screening tests

Medicare covers a one-time Hepatitis C screening for people born between 1945 and 1965. Medicare also covers yearly screenings for certain people at high risk, including those who use or have used illicit injection drugs, or had a blood transfusion before 1992.

HIV screenings

Medicare covers HIV (Human Immunodeficiency Virus) screenings if you're either 15-65, or younger than 15 or older than 65 and at increased risk. Medicare covers this test once every 12 months, or up to 3 times during a pregnancy.

Lung cancer screenings

Medicare covers lung cancer screenings with low dose computed tomography (also known as "CT scans") once per year if you meet **all** of these conditions:

- You're 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 provider.

Mammograms (Breast cancer screenings)

Medicare covers screening mammograms once every 12 months for women 40 and older, and diagnostic mammograms more often than once a year, if medically necessary. Medicare also covers one baseline mammogram for women between 35-39.

Medical nutrition therapy services

Medicare may cover medical nutrition therapy services and certain related 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 service(s).

Medicare Diabetes Prevention Program

If you have pre-diabetes and meet other criteria, Medicare covers a once-per-lifetime health behavior change program to help you prevent type 2 diabetes. The program begins with weekly core sessions offered in a group setting over a 6-month period. After the core sessions, you'll get 6 monthly follow-up sessions to help you maintain healthy habits.

Obesity behavioral therapy

If you have a body mass index (BMI) of 30 or more, Medicare covers behavioral therapy sessions to help you lose weight. Medicare covers this counseling if your primary care doctor or other primary care practitioner gives 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 types of pneumonia. Talk with your doctor or other provider to decide which immunizations are right for you.

Preventive visits

One-time "Welcome to Medicare" preventive visit—Medicare covers this visit within the first 12 months that you have Part B. The "Welcome to Medicare" visit includes things like a review of your medical and social history related to your health, education and counseling about preventive services (like screenings, shots, and referrals for other care you may need), and a review of your potential risk factors for substance use disorder. **The "Welcome to Medicare" preventive visit isn't a physical exam.**

Yearly "Wellness" visit—If you've had Part B for longer than 12 months, you can get a yearly "Wellness" 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 a digital rectal exam and a prostate specific antigen (PSA) blood test 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 Hepatitis B. Medicare covers these screenings for pregnant women and for certain people who are at increased risk for a sexually transmitted infection. Your primary care provider must order the screening or refer you for behavioral counseling. Medicare covers these screenings once every 12 months or at certain times during pregnancy. Medicare also covers up to 2 behavioral counseling sessions each year. Medicare will only cover counseling sessions with a Medicare-eligible primary care 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

For more details about Medicare's coverage of these preventive services, including your costs in Original Medicare, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view or print the booklet "Your Guide to Medicare's Preventive Services." Or, call 1-800-MEDICARE (1-800-633-4227) and ask for a copy. 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 (including sexual orientation and gender identity), 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

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



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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: Medicare’s Preventive Services” 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.