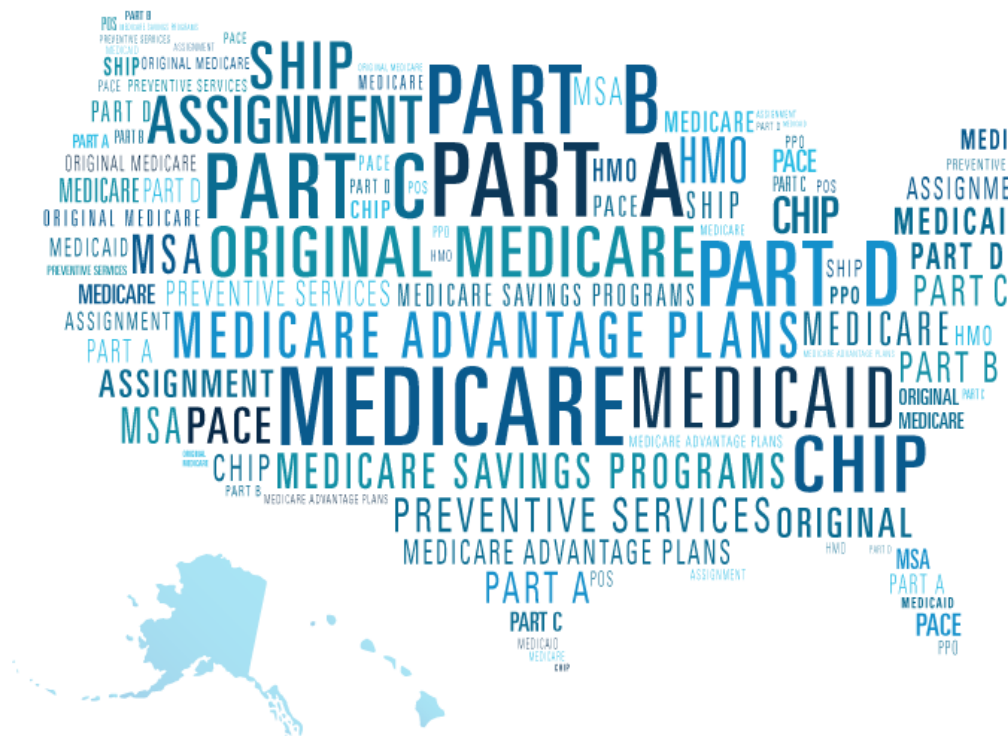




2017 National Training Program



Module 7

Medicare Preventive Services



Contents

Lesson 1—Introduction.....	4-5
Lesson 2—What’s Covered?.....	6-43
Your Guide to Medicare’s Preventive Services.....	44
Preventive Services Resources.....	45-47
Acronyms.....	48



Session Objectives

This session should help you to identify the following:

- Which preventive services are covered
- Who is eligible to receive them
- When preventive services are covered
- How much you pay
- Where to get more information



Lesson 1—Introduction

- Medicare preventive services
 - May find health problems early, when treatment works best
- Covered by Medicare Part B (Medical Insurance)
 - Whether you get your coverage from
 - Original Medicare
 - Medicare Advantage (MA) Plan
 - Other Medicare health plans
- Coverage for preventive services is based on age, gender, and medical history



Paying for Preventive Services in 2017

- In Original Medicare you
 - Pay nothing for most preventive services if your provider accepts “assignment*”
 - May pay more if provider doesn’t accept assignment
 - May have a copayment
 - If doctor performs other services that aren’t part of covered preventive benefits, or
 - If you receive certain preventive services

***Assignment is an agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the Medicare-approved amount as full payment for covered services, and not to bill you for any more than the Medicare deductible and coinsurance.**



Lesson 2—What's Covered?

- "Welcome to Medicare" preventive visit
- Yearly "Wellness" visit
- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (CVD) Risk Reduction Visit
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening
 - Human Papillomavirus (HPV) Testing
- Colorectal cancer screenings
 - Screening fecal occult blood test
 - Screening flexible sigmoidoscopy
 - Screening colonoscopy
 - Screening barium enema
 - Multi-target stool DNA test
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots (Vaccine)
- Glaucoma tests
- Hepatitis B shots (Vaccine)
- Hepatitis C screening test
- HIV screening
- Lung Cancer Screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Pneumococcal shots
- Prostate cancer screening
- Sexually-transmitted infection screening and counseling
- Smoking and tobacco-use cessation counseling



“Welcome to Medicare” Preventive Visit

- Also called the “Initial Preventive Physical Examination” (IPPE)
- Provided once within first 12 months of getting Part B
- The doctor or health care provider will
 - Review your medical and social history
 - Take your blood pressure, height, weight, and body mass index (BMI)
 - Perform a simple vision test
 - Review risk factors for depression
 - Review functional ability and safety
 - Educate and counsel you to help you stay well
 - Refer you for additional screenings if needed
- You pay nothing if doctor accepts assignment
 - Lab tests aren’t included
 - Copayment applies for additional testing such as an electrocardiogram (EKG)



Yearly “Wellness” Visit

- Can't be within 12 months of your "Welcome to Medicare" preventive visit
- Focus is on “wellness”
 - It's not a “routine physical checkup”
- Available once every 12 months
 - After you've had Part B for longer than 12 months
 - You'll pay nothing for this exam if the doctor accepts assignment



Initial Yearly “Wellness” Visit Providing Personalized Prevention Plan Services

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



Subsequent Yearly “Wellness” Visits

- Includes:
 - Updates to your medical/family history
 - Measurements of weight, blood pressure, and other routine measurements
 - Updates to your list of medical providers
 - Detection of cognitive impairments
 - Updates to your written screening schedule as provided in the initial yearly "Wellness" visit with updates to your risk factors and conditions
 - Discussion of personalized health advice
 - Referrals for health education and preventive counseling to help you stay well
 - Updated health risk assessment



Abdominal Aortic Aneurysm Screening

- Abdominal aortic aneurysms (weak area bulges)
- One-time ultrasound screening
- You're covered if you have Part B, and you're at risk.
 - You're considered at risk if you meet one of these criteria:
 - Family history of abdominal aortic aneurysms, or
 - Men 65–75 who've smoked more than 100 cigarettes in their lifetime
- No copayment or deductible with Original Medicare
- No longer requires referral from "Welcome to Medicare" preventive visit
 - Can get referral from your doctor, doctor's assistant, nurse practitioner, or clinical nurse specialist at any time



Alcohol Misuse Screening and Counseling

- Annual screening
 - Up to 4 face-to-face counseling sessions if you
 - Misuse alcohol, but don't meet criteria for alcohol dependence
 - Are competent and alert when counseled
 - Counseling must be furnished
 - By a qualified primary care provider
 - In a primary care setting
- Medicare doesn't identify specific screening tool
- No copayment or deductible if your provider accepts assignment



Bone Mass Measurement

- Measures bone density
 - Osteoporosis is a disease that thins and weakens the bones
- Covered if you are at risk for osteoporosis or meet one or more of these conditions
 - You're a woman whose doctor or qualified health care provider determines you're estrogen deficient and at risk for osteoporosis based on your medical history and other findings
 - Your X-rays show possible osteoporosis, osteopenia, or vertebral abnormalities
 - You're taking prednisone or steroid-type drugs for more than 3 months
 - You have primary hyperparathyroidism
 - You're being monitored to assess your response to U.S. Food and Drug Administration-approved osteoporosis drug therapy
- Every 24 months (more often if medically necessary)
- No copayment or deductible if your provider accepts assignment



Breast Cancer Screening (Mammogram)

- Covered for all women with Medicare
 - One baseline mammogram
 - Between 35 and 39
 - Once a year starting at 40
- No cost if provider accepts assignment

NOTE: Diagnostic mammograms are covered if you have signs/symptoms or history of breast disease



Cardiovascular Disease (CVD) Risk Reduction Visit

- One CVD (also referred to as cardiovascular disease) risk reduction visit per year
 - Behavioral therapy
 - Provided by a primary care provider in a primary care setting
- The visit includes these components:
 - Encouraging aspirin use if benefits outweigh risks
 - Screening for high blood pressure
 - Intensive behavioral counseling to promote healthy diet



Cardiovascular Disease Screening

- Blood test for early risk detection
 - Heart disease
 - Stroke
- Medicare covers
 - Lipid panel test that includes:
 - Total cholesterol
 - High-density lipoproteins
 - Triglycerides
- Covered once every 5 years
- No copayment or deductible if your provider accepts assignment



Cervical and Vaginal Cancer Screening

- Pap tests and pelvic exams with clinical breast exam
 - Pap tests help find cervical and vaginal cancer
 - Screening pelvic exam helps find fibroids and ovarian cancers
 - Clinical breast exam helps detect masses, lumps, and breast cancer



Cervical and Vaginal Cancer Screening (continued)

- Covered for all women
 - Once every 24 months
 - Once every 12 months, if you're either
 - At high risk for cervical or vaginal cancer
 - Of childbearing age, and had an abnormal Pap test in past 36 months
- Part B also covers human papillomavirus (HPV) tests (as part of Pap tests)
 - Once every 5 years if you're age 30-65 without HPV symptoms
 - No copayment or deductible if your provider accepts assignment



Colorectal Cancer Screenings

- Helps prevent or find cancer early
- Helps find pre-cancerous growths
- One or more of the following tests may be covered:
 - Screening fecal-occult blood testing
 - Screening flexible sigmoidoscopy
 - Screening colonoscopy
 - Barium enema
 - Multi-target stool DNA test (like Cologuard™)



Colorectal Cancer Screenings

Screening Test	If Normal Risk Covered Once Every	If High Risk, Covered Once Every	You Pay
Screening fecal-occult blood testing age 50 or older	12 months	12 months	No deductible or copayment for this test
Screening flexible sigmoidoscopy age 50 or older	4 years, or 10 years after a previous screening colonoscopy	4 years	No deductible or copayment for this test
Screening colonoscopy No minimum age	10 years (generally) or 4 years after a previous flexible sigmoidoscopy	24 months	No deductible or copayment for this test



Colorectal Cancer Screenings (continued)

Screening Test	If Normal Risk, Covered Once Every	If High Risk, Covered Once Every	You Pay
Barium enema age 50 or older	4 years when used instead of a flexible sigmoidoscopy or colonoscopy	24 months (as an alternative to a covered screening colonoscopy or flexible sigmoidoscopy)	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.
Multi-target Stool DNA test (like Cologuard™)	3 years	3 years	There is no deductible or copayment for this test.



Check Your Knowledge—Question 1

Which statement is true about the “Welcome to Medicare” preventive visit?

- a. You need to have this visit to be covered for yearly "Wellness" visits.
- b. You pay nothing for the visit if the provider accepts assignment, but the Part B deductible applies.
- c. There is no cost if your doctor accepts assignment.
- d. All lab tests are included in the visit with no additional cost.



Check Your Knowledge—Question 2

How often does Medicare cover cardiovascular disease (CVD) screening tests for people with no apparent signs or symptoms of CVD?

- a. Annually
- b. Once every 5 years
- c. Twice per year
- d. Medicare doesn't cover CVD screening



Check Your Knowledge—Question 3

You can get 4 brief face-to-face counseling sessions per year in a _____ for misusing alcohol.

- a. Rehabilitation center
- b. Primary care setting
- c. Therapist's office



Depression Screening

- Annual screening must be done in a primary care setting
 - With staff-assisted depression care supports
 - To ensure accurate diagnosis, effective treatment, and follow-up
- Various screening tools are available
 - Choice of tool at discretion of clinician
- No copayment or deductible if provider accepts assignment



Diabetes Screening

- For people at risk of
 - High blood pressure
 - High cholesterol and triglyceride levels
 - Obesity
 - History of high blood sugar
 - Family history of diabetes
 - History of gestational diabetes (diabetes during pregnancy) or delivery of a baby weighing more than 9 pounds
- 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 you're pre-diabetic
 - If not at risk, covered once in a 12-month period
- No copayment or deductible if your provider accepts assignment



Covered Diabetes Supplies

- Blood sugar testing supplies
- Insulin and related supplies
 - Insulin pumps
 - Therapeutic shoes
- In Original Medicare
 - You pay 20% after Part B deductible if the provider/supplier accepts assignment
- [Medicare Coverage of Diabetes Supplies & Services](#) (CMS Product No. 11022)



Covered Diabetes Services

- Diabetes Self-Management Training (up to 10 hours per calendar year)
 - Up to 2 hours of follow-up training in subsequent years
 - Education about diet and exercise
 - Insulin treatment plan
 - In Original Medicare you pay 20% after the Part B deductible
- Foot Exams and Treatment
 - For diabetes-related nerve damage
 - In Original Medicare you pay 20% after the Part B deductible
 - In a hospital outpatient setting, you also pay the hospital copayment



Flu Shot (Influenza)

- Influenza, also known as the flu
 - Medicare generally covers the flu shot once every flu season
- All people with Medicare are eligible
- No copayment or deductible for the vaccine with Original Medicare if the provider accepts assignment



Glaucoma Test

- 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 50 or older
 - Hispanic Americans, and 65 or older
- In Original Medicare you pay
 - 20% of the Medicare-approved amount and the Part B deductible applies for the doctor visit
 - A copayment in a hospital outpatient setting



Hepatitis B Shots (Vaccine)

- Hepatitis is a serious disease (virus attacks the liver)
 - Can cause lifelong infection resulting in cirrhosis (scarring) of the liver, liver cancer, liver failure, and death
- Covered for people at medium to high risk, including but not limited to
 - End-Stage Renal Disease, hemophilia, and diabetes mellitus
 - Conditions that lower resistance to infection
 - Certain health care professionals
- No copayment or deductible if your provider accepts assignment



Hepatitis C Screening Test

- Hepatitis C virus (HCV) is a serious disease (virus attacks the liver)
 - Can cause chronic liver disease, cirrhosis (scarring of the liver), liver cancer, liver failure, and even death
- Covered when ordered by primary care practitioner in a primary care setting
 - Single, once-in-a-lifetime HCV screening test if born from 1945 to 1965
 - Annually, if high-risk person with continued illicit drug use since prior negative HCV screening test
- No copayment or deductible if your provider accepts assignment



Human Immunodeficiency Virus (HIV) Screening

- Except for individuals who are pregnant, Medicare covers one annual voluntary HIV screening for people
 - Between the ages of 15 and 65, without regard to perceived risk
 - Younger than 15 and older than 65, who are at increased risk.
 - For people with Medicare who are pregnant, up to 3 voluntary screenings during a pregnancy are covered
- No cost for the test if provider accepts assignment
- Pay 20% of Medicare-approved amount for visit



Lung Cancer Screening

- Medicare covers lung cancer screening counseling and shared decision making visit.
- Low-dose computed tomography once per year for people with Medicare who meet all of these criteria:
 - Are 55–77
 - Are either a current smoker or have quit smoking within the last 15 years
 - Have a tobacco smoking history of at least 30 “pack years”
 - Get a written order from their doctor or qualified non-doctor practitioner



Medical Nutrition Therapy Services

- Medicare covers medical nutrition therapy services and certain related services, which may include
 - An initial nutrition and lifestyle assessment
 - One-on-one nutritional counseling
 - Follow-up visits to check on your progress
- To be eligible, you must have Part B, and meet at least one of the following conditions
 - Have diabetes
 - Have kidney disease
 - Had a kidney transplant in the last 36 months



Obesity Screening and Counseling

- Obesity = body mass index (BMI) ≥ 30 kg/m²
- Intensive behavioral therapy consists of
 - Screening for obesity using BMI measurement
 - Dietary (nutritional) assessment
 - Intensive behavioral counseling and therapy
 - In primary care setting
- 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
 - Must lose 6.6 lbs. in first 6 months to continue
- No cost if primary care doctor/practitioner accepts assignment



Pneumococcal Shots

- Medicare covers
 - An initial pneumococcal vaccine for all people with Medicare who've never received the vaccine under Medicare Part B
 - A different second pneumococcal vaccine one year after the first vaccine was administered (11 full months have passed following the month in which the last pneumococcal vaccine was administered)
- All people with Medicare are eligible
- No copayment or deductible for the vaccines with Original Medicare if the provider accepts assignment



Prostate Cancer Screening

- All men are at risk of prostate cancer
- Screening covered for all men with Medicare once every 12 months
 - Beginning the day after 50th birthday
- Tests include
 - Prostate-Specific Antigen (PSA) blood test
 - Digital rectal exam
- In Original Medicare you pay
 - Nothing for the PSA blood (lab) test
 - 20% after Part B deductible for digital rectal exam
 - In hospital outpatient setting, hospital copayment applies



Sexually Transmitted Infections (STI) Screening and Counseling

- Covers STI screenings for chlamydia, gonorrhea, syphilis, and Hepatitis B
- Covered for pregnant women and for certain people who are at risk
- Covered once every 12 months or at certain times during a pregnancy
- Covers up to 2 individual 20- to 30-minute, face-to-face, high-intensity behavioral counseling sessions each year
- No cost if the provider accepts assignment



Smoking and Tobacco-Use Cessation Counseling

- Medicare covers cessation counseling
 - Two attempts (each attempt includes 4 sessions) of up to 8 face-to-face visits in a 12-month period
 - Inpatient or outpatient
 - Intermediate or intensive
- In Original Medicare you pay
 - No copayment or deductible for these services if the doctor or other health care provider accepts assignment



Check Your Knowledge—Question 4

Oliver has Original Medicare and received a referral from his doctor for diabetes screening. Which statement is NOT true?

- a. He will only pay the Part B deductible
- b. He will pay nothing for the covered test if his doctor accepts assignment
- c. He generally will pay nothing out of pocket
- d. The Part B deductible doesn't apply



Check Your Knowledge—Question 5

How often does Medicare cover a flu vaccine for all people with Medicare?

- a. Annually
- b. Once every flu season
- c. Every 2 years
- d. Once, when your turn 65



Check Your Knowledge—Question 6

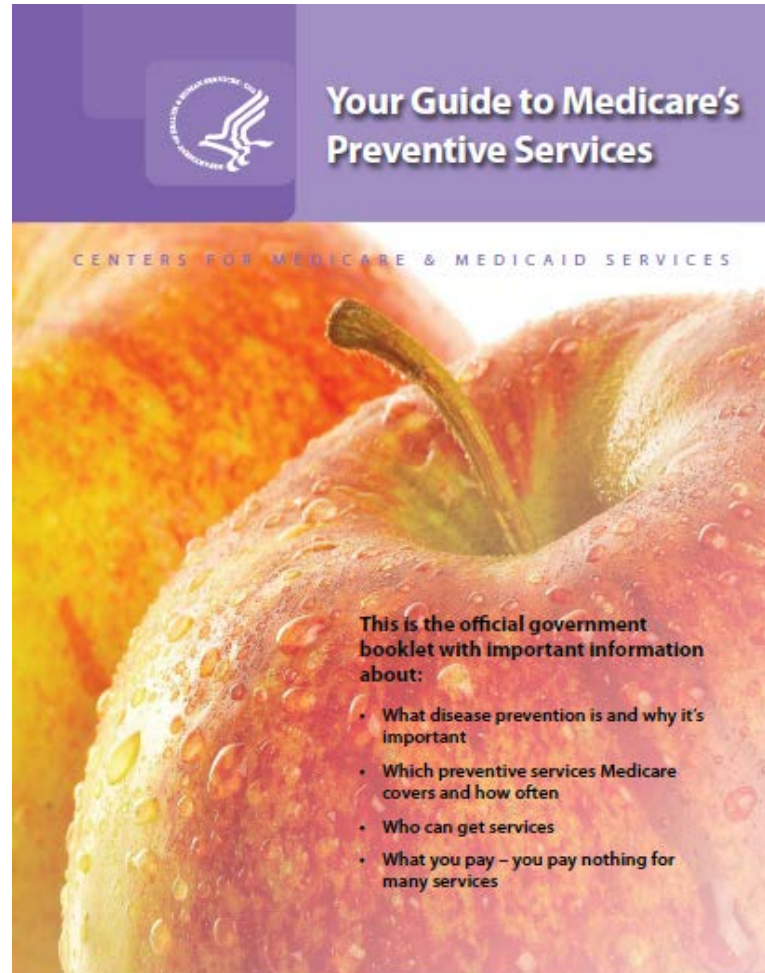
Medicare covers a pneumococcal vaccine only if you're at high risk for pneumococcal pneumonia.

a. True

b. False

Your Guide to Medicare's Preventive Services

■ CMS Product No. 10110



Preventive Services Checklist

Are You Up-To-Date on Your Preventive Services?

Medicare covers a full range of preventive services to help keep you healthy and help find problems early, when treatment is most effective. Ask your doctor which of these services is right for you.



✓	Preventive service	Date	Notes
	One time "Welcome to Medicare" Preventive Visit—within the first 12 months you have Medicare Part B		
	Yearly "Wellness" Visit—get this visit 12 months after your "Welcome to Medicare" preventive visit or 12 months after your Part B effective date		
	Abdominal Aortic Aneurysm Screening		
	Alcohol Misuse Screening and Counseling		
	Bone Mass Measurement (Bone Density Test)		
	Cardiovascular Disease (Behavioral Therapy)		
	Cardiovascular Screenings (cholesterol, lipids, triglycerides)		
	Colorectal Cancer Screenings		
	Depression Screening		
	Diabetes Screening		

CMS Product No. 11420

Medicare Learning Network on CMS.gov

Preventive services topics and educational products for health care professionals including coverage, coding, billing, reimbursement, and claim filing information is located in the Medicare Learning Network.

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Preventive Services Resource Guide

Resources

Centers for Medicare & Medicaid Services (CMS)

- Call 1-800-MEDICARE (1-800-633-4227). TTY: 1-877-486-2048.
- [Medicare.gov](https://www.Medicare.gov)
- [CMS.gov](https://www.CMS.gov)

State Health Insurance Assistance Programs and State Insurance Departments



SHIP

Local Help for People with Medicare.

- [shiptacenter.org/](https://www.shiptacenter.org/)

Centers for Disease Control and Prevention

- [CDC.gov](https://www.CDC.gov)

Flu Information

- [FLU.gov](https://www.FLU.gov)

Medline Plus

- nlm.nih.gov/medlineplus

National Cancer Institute

- Call 1-800-4-CANCER. TTY: 1-800-332-8615
- [cancer.gov](https://www.cancer.gov)

American Cancer Society

- Call 1-800-ACS-2345 (1-800-227-2345).
- [cancer.org](https://www.cancer.org)

American Diabetes Association

- Call 1-800-DIABETES (1-800-342-2383).
- [diabetes.org/](https://www.diabetes.org/)

American Lung Association

- Call 202-785-3355.
- [lungusa.org](https://www.lungusa.org)

National Kidney Foundation

- Call 1-800-622-9010.
- [kidney.org](https://www.kidney.org)

Medicare Products

1. **“Medicare & You Handbook”** (CMS Product No. 10050)
2. **“Your Guide to Medicare’s Preventive Services”** (CMS Product No. 10110)
3. **“Medicare Coverage of Diabetes Supplies & Services”** (CMS Product No. 11022)
4. **“Welcome to Medicare Q&A – Preventive Services”** (CMS Product No. 11532)
5. **“Staying Healthy”** (CMS Product No. 11100)
6. **“6 Things You Should Know”** (CMS Product No. 11533)

To access these products:

- View and order single copies at [Medicare.gov/publications](https://www.Medicare.gov/publications).
- Order multiple copies (partners only) at [Productordering.cms.hhs.gov](https://www.Productordering.cms.hhs.gov).

You must register your organization.

Acronyms

- **AAA** Abdominal Aortic Aneurysm
- **BMI** Body mass index
- **CHIP** Children's Health Insurance Program
- **CMS** Centers for Medicare & Medicaid Services
- **CVD** Cardiovascular disease
- **DES** Diethylstilbestrol
- **HBV** Hepatitis B Virus
- **HCV** Hepatitis C Virus
- **HIV** Human Immunodeficiency Virus
- **HPV** Human Papillomavirus
- **MA** Medicare Advantage
- **MNT** Medical Nutrition Therapy
- **NTP** National Training Program
- **PSA** Prostate-specific antigen
- **STI** Sexually transmitted infections



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