Part B-Covered Services

What's covered?

Medicare covers services (like lab tests, surgeries, and doctor visits) and supplies (like wheelchairs and walkers) considered medically necessary to treat a disease or condition.

If you're in a Medicare Advantage Plan or other Medicare plan, you may have different rules, but your plan must give you at least the same coverage as Original Medicare. Some services may only be covered in certain settings or for patients with certain conditions.

Part B covers 2 types of services

- Medically necessary services: Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice.
- Preventive services: Health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best.

You pay nothing for most preventive services if you get the services from a health care provider who accepts assignment.

Part B covers things like:

- Clinical research
- Ambulance services
- Durable medical equipment
- Mental health
  - Inpatient
  - Outpatient
  - Partial hospitalization
- Getting a second opinion before surgery
- Limited outpatient prescription drugs

Donna Kemp * Senior Insurance Consultant

P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822

website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

Preventive & screening services

How often is it covered?

Medicare Part B (Medical Insurance) covers:

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings & counseling
- Bone mass measurements (bone density)
- Cardiovascular disease screenings
- Cardiovascular disease (behavioral therapy)
- Cervical & vaginal cancer screening
- Colorectal cancer screenings
- Depression screenings
- Diabetes screenings
- Diabetes self-management training
- Glaucoma tests
- HIV screening
- Mammograms (screening)
- Nutrition therapy services
- Obesity screenings & counseling
- One-time “Welcome to Medicare” preventive visit
- Prostate cancer screenings
- Sexually transmitted infections screening & counseling

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

- Shots:
    - Flu shots
    - Hepatitis B shots
    - Pneumococcal shots
- Tobacco use cessation counseling
- Yearly "Wellness" visit

Abdominal aortic aneurysm screening

How often is it covered?

Medicare Part B (Medical Insurance) covers a one-time abdominal aortic aneurysm ultrasound. You must get a referral for it from your doctor as a result of your "Welcome to Medicare" preventive visit.

Who's eligible?

People with Medicare who are eligible for an abdominal aortic aneurysm screening must be at risk. You're considered at risk if you meet one of these criteria:

- You have a family history of abdominal aortic aneurysms.
- You’re a man age 65 to 75 and have smoked at least 100 cigarettes in your lifetime.

Your costs in Original Medicare

You pay nothing for this test if the doctor or other qualified health care provider accepts assignment.

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

Alcohol misuse screening & counseling

How often is it covered?

Medicare Part B (Medical Insurance) covers this screening once per year.

Who's eligible?

Adults with Medicare (including pregnant women) who use alcohol, but don't meet the medical criteria for alcohol dependency can get the screening. If your primary care doctor determines you're misusing alcohol, you can get 4 brief face-to-face counseling sessions per year (if you're competent and alert during counseling). A qualified primary care doctor or other primary care practitioner must provide the counseling in a primary care setting (like a doctor's office).

Your costs in Original Medicare

You pay nothing if the qualified primary care doctor or other primary care practitioner accepts assignment.

Bone mass measurement (bone density)

How often is it covered?

Medicare Part B (Medical Insurance) covers this test, which helps to see if you're at risk to broken bones, once every 24 months (more often if medically necessary) for people who meet the criteria below. Medicare only covers this test when it's ordered by a doctor or other qualified provider.

Who's eligible?

All qualified people with Medicare who are at risk for osteoporosis and meet one or more of these conditions:

- A woman whose doctor determines she's estrogen deficient and at risk for osteoporosis, based on her medical history and other findings
- A person whose X-rays show possible osteoporosis, osteopenia, or vertebral fractures
- A person taking prednisone or steroid-type drugs or is planning to begin this treatment

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

- A person who has been diagnosed with primary hyperparathyroidism
- A person who is being monitored to see if their osteoporosis drug therapy is working

Your costs in Original Medicare

You pay nothing for this test if the doctor or other qualified health care provider accepts assignment.

Cardiovascular disease screenings

How often is it covered?

Medicare Part B (Medical Insurance) covers screening blood tests for cholesterol, lipid, and triglyceride levels every 5 years. These screening tests help detect conditions that may lead to a heart attack or stroke.

Who's eligible?

All people with Medicare Part B are covered.

Your costs in Original Medicare

You pay nothing for the tests, and the Part B deductible doesn't apply.

You pay 20% of the Medicare-approved amount for the doctor's visit.

Cardiovascular disease (behavioral therapy)

How often is it covered?

Medicare covers one visit per year with your primary care doctor in a primary care doctor's office or primary care clinic to help you lower your risk for cardiovascular disease. During this visit, your doctor may discuss aspirin use (if appropriate), check your blood pressure, and give you tips to make sure you're eating well.

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

Who's eligible?

All people with Medicare are covered.

Your costs in Original Medicare

You pay nothing if the doctor or other qualified health care provider accepts assignment.

Related resources

- CDC's National Center for Chronic Disease Prevention and Health Promotion
- National Heart, Lung, and Blood Institute
- AHRQ's Staying Healthy Resources
- American Heart Association - Information About Cholesterol

Cervical & vaginal cancer screenings

How often is it covered?

Medicare Part B (Medical Insurance) covers Pap tests and pelvic exams to check for cervical and vaginal cancer. As part of the exam, Part B also covers a clinical breast exam to check for breast cancer. Part B covers these screening tests:

- Once every 24 months for all women
- Once every 12 months if you're at high risk for cervical or vaginal cancer, or if you're of childbearing age and have had an abnormal Pap test in the past 36 months

Who's eligible?

All women with Medicare are covered.

Your costs in Original Medicare

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

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

Colorectal cancer screenings

How often is it covered?

Medicare Part B (Medical Insurance) covers several types of colorectal cancer screening tests to help find precancerous growths or find cancer early, when treatment is most effective. One or more of these tests may be covered:

- Barium enema: When this test is used instead of a flexible sigmoidoscopy or colonoscopy, Medicare covers it once every 48 months if you're 50 or over and once every 24 months if you're at high risk for colorectal cancer.
- Colonoscopy: Medicare covers this test once every 24 months if you're at high risk for colorectal cancer. If you aren't at high risk for colorectal cancer, Medicare covers this test once every 120 months, or 48 months after a previous flexible sigmoidoscopy.
- Fecal occult blood test: Medicare covers this lab test once every 12 months if you're 50 or older.
- Flexible sigmoidoscopy: Medicare covers this test once every 48 months for most people 50 or older. If you aren't at high risk, Medicare covers this test 120 months after a previous screening colonoscopy.

Who's eligible?

All people age 50 or older with Medicare are covered. People of any age are eligible for a colonoscopy.

Your costs in Original Medicare

- You pay nothing for the fecal occult blood test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit. The Part B deductible doesn't apply for the test.
- You pay nothing for the flexible sigmoidoscopy or screening colonoscopy, if your doctor accepts assignment.
- For barium enemas, you pay 20% of the Medicare-approved amount for the doctor's services. In a hospital outpatient setting, you also pay a copayment. The Part B deductible doesn't apply.

- If a screening test results in the biopsy or removal of a lesion or growth during the same visit, the procedure is considered diagnostic and you may have to pay coinsurance or a copayment, but the Part B deductible doesn't apply.

Depression screenings

How often is it covered?

Medicare Part B (Medical Insurance) covers one depression screening per year.

Who's eligible?

All people with Medicare are covered.

The screening must be done in a primary care setting (like a doctor's office) that can provide follow-up treatment and/or referrals.

Your costs in Original Medicare

You pay nothing for this screening if the doctor accepts assignment. If you get the depression screening and another service, you may need to pay 20% of the Medicare-approved amount for the other service.

Diabetes screenings

How often is it covered?

Medicare Part B (Medical Insurance) covers screenings to check for diabetes. Based on the results of these tests, you may be eligible for 2 diabetes screenings each year.

Who's eligible?

Medicare covers these tests if you have any of these risk factors:

- High blood pressure (hypertension)
- History of abnormal cholesterol and triglyceride levels (dyslipidemia)
- Obesity

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

- History of high blood sugar (glucose)

Medicare also covers these tests if 2 or more of these apply to you:

- Age 65 or older
- Overweight
- Family history of diabetes (parents, brothers, sisters)
- History of gestational diabetes (diabetes during pregnancy), or delivery of a baby weighing more than 9 pounds

Your costs in Original Medicare

You pay nothing for these tests if your doctor accepts assignment, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit. The Part B deductible doesn't apply.

Diabetes self-management training

How often is it covered?

Medicare Part B (Medical Insurance) covers diabetes outpatient self-management training to teach you to cope with and manage your diabetes. It includes tips for eating healthy, being active, monitoring blood sugar, taking medication, and reducing risks. Medicare may cover up to 10 hours of initial diabetes self-management training.

Who's eligible?

This training is for certain people with Medicare who are at risk for complications from diabetes. You must have a written order from a doctor or other health care provider.

You may also qualify for up to 2 hours of follow-up training each year if you meet these conditions:

- It's provided in a group of 2 to 20 people. Some exceptions apply if no group session is available or if your doctor or qualified provider says you have special needs that prevent you from participating in group training.
- It lasts for at least 30 minutes.

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

- It takes place in a calendar year after the year you got your initial training.
- Your doctor or qualified provider ordered it as part of your plan of care.

Your costs in Original Medicare

You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Glaucoma tests

How often is it covered?

Medicare Part B (Medical Insurance) covers a glaucoma test once every 12 months for people at high risk for glaucoma. The screening must be done or supervised by an eye doctor who is legally allowed to do this test in your state.

Who's eligible?

All people with Medicare who are at high risk for glaucoma are covered. You're at high risk if you have diabetes, a family history of glaucoma, are African American and 50 or older, or are Hispanic American and 65 or older.

Your costs in Original Medicare

- You pay 20% of the Medicare-approved amount for the doctor's services, and the Part B deductible applies for the doctor's visit.
- In a hospital outpatient setting, you also pay a copayment.

HIV screening

How often is it covered?

Medicare Part B (Medical Insurance) covers HIV (Human Immunodeficiency Virus) screenings. Medicare covers this test once every 12 months or up to 3 times during a pregnancy.

Who's eligible?

People with Medicare are covered if they:

- Are at increased risk for the virus
- Ask for the test
- Are pregnant

Your costs in Original Medicare

You pay nothing for the test if the doctor or other qualified health care provider accepts assignment, and the Part B deductible doesn't apply, but you generally pay 20% of the Medicare-approved amount for the doctor's visit.

Mammograms

How often is it covered?

Medicare Part B (Medical Insurance) covers a:

- Screening mammogram once every 12 months (11 full months must have passed since the last screening)
- Diagnostic mammogram when medically necessary

Who's eligible?

- Women with Medicare 40 or older are covered
- Women with Medicare between 35-39 can get one baseline mammogram

Your costs in Original Medicare

- Screening mammogram: You pay nothing for the screening test if the doctor or other qualified health care provider accepts assignment

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

- Diagnostic mammogram: You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Nutrition therapy services (medical)

How often is it covered?

Medicare Part B (Medical Insurance) covers medical nutrition therapy services and certain related services. A registered dietician or nutrition professional who meets certain requirements can provide these services, which may include nutritional assessment, one-on-one counseling, and therapy services through an interactive telecommunications system.

If you get dialysis in a dialysis facility, Medicare covers medical nutrition therapy as part of your overall dialysis care.

Who's eligible?

People with Medicare who meet at least one of these conditions:

- Have diabetes
- Have kidney disease
- Have had a kidney transplant in the last 36 months
- Whose doctor or other health care provider refers them for the service

Your costs in Original Medicare

You pay nothing for these services if the doctor or other health care professional accepts assignment .

Obesity screening & counseling

How often is it covered?

Medicare covers intensive counseling to help you lose weight. This counseling may be covered if you get it in a primary care setting (like a doctor's office), where it can be coordinated with your other care and a personalized prevention plan. Talk to your primary care doctor or practitioner to find out more.

Who's eligible?

All people with Medicare who have a body mass index (BMI) of 30 or more are covered.

Your costs in Original Medicare

You pay nothing for this service if the primary care doctor or other qualified primary care practitioner accepts assignment.

Preventive visit & yearly wellness exams

How often is it covered?

Medicare Part B (Medical Insurance) covers:

- A "Welcome to Medicare" preventive visit: You can get this introductory visit only within the first 12 months you have Part B. This visit includes a review of your medical and social history related to your health and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed. This visit is covered one time. You don't need to have this visit to be covered for yearly "Wellness" visits.
- Yearly "Wellness" visits: If you've had Part B for longer than 12 months, you can get this visit to develop or update a personalized prevention help plan to prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a questionnaire, called a "Health Risk Assessment," as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy and get the most out of your visit. This visit is covered once every 12 months.

Who's eligible?

All people with Medicare are covered.

Your costs in Original Medicare

You pay nothing for the "Welcome to Medicare" preventive visit or the yearly "Wellness" visit if your doctor or other qualified health care provider accepts assignment. The Part B deductible doesn't apply.

However, if your doctor or other health care provider performs additional tests or services during the same visit that aren't covered under these preventive benefits, you may have to pay coinsurance, and the Part B deductible may apply.

Prostate cancer screenings

How often is it covered?

Medicare Part B (Medical Insurance) covers:

- Digital rectal exam: Once every 12 months
- Prostate Specific Antigen (PSA) test: Once every 12 months

Who's eligible?

All men over 50 (beginning the day after your 50th birthday) with Medicare are covered.

Your costs in Original Medicare

- Digital rectal exam: You pay 20% of the Medicare-approved amount for the digital rectal exam and for the doctor's services related to the exam. The Part B deductible applies. In a hospital outpatient setting, you pay a copayment.
- Prostate Specific Antigen (PSA) Test: You pay nothing for PSA blood test.

Sexually transmitted infections (STI) screening & counseling

How often is it covered?

Medicare Part B (Medical Insurance) covers sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis and/or Hepatitis B once every 12 months or at certain times during pregnancy.

Medicare also covers up to 2 individual 20 to 30 minute, face-to-face, high-intensity behavioral counseling sessions each year for sexually active adults at increased risk for STIs.

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

Who's eligible?

People with Medicare who are pregnant and certain people who are at increased risk for an STI when the tests are ordered by a primary care doctor or other primary care practitioner. Sexually active adults who are at an increased risk for STIs are also eligible for behavioral counseling sessions.

Your costs in Original Medicare

You pay nothing for STI screenings or counseling if the primary care doctor or primary care practitioner accepts assignment. Medicare will only cover behavioral counseling sessions if they're provided by a primary care practitioner and take place in a primary care doctor's office or primary care clinic. Behavioral counseling sessions conducted in an inpatient setting, like a skilled nursing facility, won't be covered as a preventive service.

Shots:

Flu shots

How often is it covered?

Medicare Part B (Medical Insurance) normally covers one flu shot per flu season in the fall or winter.

Who's eligible?

All people with Medicare are covered.

Your costs in Original Medicare

You pay nothing for a flu shot if the doctor or other qualified health care provider accepts assignment for giving the shot, and the Part B deductible doesn't apply. If you get your flu shot from a doctor who doesn't accept assignment, you may have to pay an additional fee for the doctor's services, but not for the shot itself.

Hepatitis B shots

How often is it covered?

Medicare Part B (Medical Insurance) covers Hepatitis B shots.

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

Who's eligible?

People with Medicare at high or medium risk for Hepatitis B are covered. Your risk for Hepatitis B increases if you have hemophilia, End-Stage Renal Disease (ESRD), diabetes, or certain conditions that lower your resistance to infection. Other factors may also increase your risk for Hepatitis B. Check with your doctor to see if you're at high or medium risk for Hepatitis B.

Your costs in Original Medicare

You pay nothing for the shot if the doctor or other qualified health care provider accepts assignment, and the Part B deductible doesn't apply. If you get your Hepatitis B shot from a doctor who doesn't accept assignment, you may have to pay coinsurance for the doctor's services, but not for the shot itself.

Pneumococcal shots

How often is it covered?

Medicare Part B (Medical Insurance) covers a pneumococcal shot to prevent pneumococcal infections (like certain types of pneumonia). Most people only need this preventive shot once in their lifetime. Talk with your doctor or other health care provider to see if you need to shot.

Who's eligible?

All people with Medicare are covered.

Your costs in Original Medicare

You pay nothing for a pneumococcal shot.

If the doctor or other qualified health care provider doesn't accept assignment, you may have to pay an additional fee for the doctor's services, but not for the shot itself.

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com

Smoking & tobacco use cessation (counseling to stop smoking or using tobacco products)

How often is it covered?

Medicare Part B (Medical Insurance) covers up to 8 face-to-face visits in a 12-month period. These visits must be provided by a qualified doctor or other Medicare-recognized practitioner.

Who's eligible?

All people with Medicare who use tobacco are covered.

Your costs in Original Medicare

You pay 20% of the Medicare-approved amount for the doctor's services, and the Part B deductible applies if you use tobacco and you've been diagnosed with an illness caused or complicated by tobacco use, or you take a medicine that's affected by tobacco. In a hospital outpatient setting, you also pay the hospital a copayment.

If you haven't been diagnosed with an illness caused or complicated by tobacco use, you pay nothing for the counseling sessions if the doctor or other health care provider accepts assignment.

Preventive visit & yearly wellness exams

How often is it covered?

Medicare Part B (Medical Insurance) covers:

- A "Welcome to Medicare" preventive visit: You can get this introductory visit only within the first 12 months you have Part B. This visit includes a review of your medical and social history related to your health and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed. This visit is covered one time. You don't need to have this visit to be covered for yearly "Wellness" visits.
- Yearly "Wellness" visits: If you've had Part B for longer than 12 months, you can get this visit to develop or update a personalized prevention help plan to prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a questionnaire, called a "Health Risk Assessment," as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy and get the most out of your visit. This visit is covered once every 12 months.

Who's eligible?

All people with Medicare are covered.

Your costs in Original Medicare

You pay nothing for the “Welcome to Medicare” preventive visit or the yearly “Wellness” visit if your doctor or other qualified health care provider accepts assignment. The Part B deductible doesn’t apply.

However, if your doctor or other health care provider performs additional tests or services during the same visit that aren’t covered under these preventive benefits, you may have to pay coinsurance, and the Part B deductible may apply.

Donna Kemp * Senior Insurance Consultant
P.O.Box 752 * Greenville, OH 45331 * Phone: 937-569-4048 * Fax: 888-536-4822
website: www.premierseniorinsurance.com * e-mail: dkemp@premierseniorinsurance.com