Medicare Mini Beni Update

See your **Medicare and You** book for more information about these preventative services, just look for the blue apple!

KEEP TRACK OF YOUR PREVENTATIVE SERVICES go to www.MyMedicare.gov to track your preventive services

THESE SERVICES ARE COVERED IF YOU HAVE MEDICARE PART B MEDICAL INSURANCE

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"Welcome to Medicare" Preventative Visit

What is it?

Medicare covers a one-time preventive visit within the first 12 months that you have Medicare Part B. This visit is called the "Welcome to Medicare" preventive visit. The visit is a great way to get up-to-date on important screenings and shots and to talk with your doctor about your family history and how to stay healthy.

How often is it covered?

This visit is only covered one time, and you must have the visit within the first12 months you're enrolled in Part B.

Cost to you?

You pay nothing if your doctor accepts assignment.

Why is it important

Depending on your general health and medical history, you'll get advice, education, and counseling to help you prevent disease, improve your health, and stay well. You'll also get a written plan (like a checklist) letting you know which screenings, shots, and other preventive services you need.

What happens during the visit?

During the visit, your doctor will:

- ◊ Record your medical and social history
- ◊ Check your height, weight, and blood pressure.
- ◊ Calculate your body mass index.
- ◊ Give you a simple vision test.
- ◊ Review your potential risk for depression and your level of safety.
- ◊ Offer to talk with you about creating advance directives.

What should I bring?

- ◊ Your medical records, including immunization records.
- ◊ Your family health history.
- ◊ A list of prescription and over-the-counter drugs that you currently take, how often you take them, and why.

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Colorectal Cancer Screenings

Who's Covered?

All people with Medicare 50 and older, but there's no minimum age for having a screening colonoscopy.

Cost to you?

You pay nothing for the fecal occult blood test. You pay nothing for the flexible sigmoidoscopy or screening colonoscopy if your doctor accepts assignment.

Additional Information

• If a polyp or other tissue is found and removed during the colonoscopy, you may have to pay 20% of the Medicare-approved amount for the doctor's services and a copayment in a hospital outpatient setting.

• For barium enemas, you pay 20% of the Medicare-approved amount for the doctor's services. The Part B deductible doesn't apply. If it's done in a hospital outpatient setting, you pay a copayment.

How Often is it Covered?

• Screening fecal occult blood test—Once every 12 months.

• Screening flexible sigmoidoscopy—Once every 48 months after the last flexible sigmoidoscopy or barium enema, or 120 months after a previous screening colonoscopy.

• Screening colonoscopy—Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy.

• Screening barium enema—Once every 48 months (high risk every 24 months) when used instead of sigmoidoscopy or colonoscopy.

Are you at high risk for colorectal cancer?

You are at high risk if you have had colorectal cancer before, have a close relative who had colorectal polyps or colorectal cancer, if you have a history of polyps, or if you have ever had inflammatory bowl disease.

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Yearly "Wellness" Visit

What is it?

If you've had Part B for longer than 12 months, you can get a yearly "Wellness" visit to develop or update a personalized prevention plan based on your current health and risk factors. This includes:

- Health risk assessment (Your doctor or health professional will ask you to answer some questions before or during your visit, which is called a health risk assessment. Your responses to the questions will help you and your health professional get the most from your yearly "Wellness" visit.)
- Review of medical and family history.
- Develop or update a list of current providers and prescriptions.
- Height, weight, blood pressure, and other routine measurements.
- Detection of any cognitive impairment.
- Personalized health advice.
- A list of risk factors and treatment options for you.
- A screening schedule (like a checklist) for appropriate preventive services.

How often is it covered?

Once every 12 months.

Cost to You?

You pay nothing for this visit if your doctor accepts assignment

More information

You don't need to have had a "Welcome to Medicare" preventive visit before getting a yearly "Wellness" visit. If you do get the "Welcome to Medicare" preventive visit during your first year with Part B, you'll have to wait 12 months before you can get your first yearly "Wellness" visit.

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For more information About stopping tobacco Use please visit

www.nih.com

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Alcohol Use

What is it?

Adults with Medicare who use alcohol, but don't meet the medical criteria for alcohol dependency.

How often is it covered?

Medicare covers one alcohol misuse screening per year. If your primary care doctor or other primary care practitioner determines you're misusing alcohol, you can get up to 4 brief face-to-face counseling sessions per year. A qualified primary care doctor or other primary care practitioner must provide the counseling in a primary care setting (like a doctor's office).

Cost to You?

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

Tobacco Use

What is it?

The U.S. Surgeon General has reported that quitting smoking and stopping tobacco use leads to significant risk reduction for certain diseases and other health benefits, even in older adults who have smoked for years. Any person who uses tobacco can get counseling from a qualified doctor or other Medicare-recognized practitioner who can help them stop using tobacco.

How often is it covered?

Medicare will cover up to 8 face-to-face visits during a 12-month period. These visits must be provided by a qualified doctor or other Medicare-recognized practitioner.

Cost To You?

You pay nothing for the counseling sessions.

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Obesity screening and counseling

What is It?

Medicare covers intensive behavioral therapy for people with obesity, defined as a body mass index of 30 or more.

Cost to you?

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

How Often is it Covered?

This counseling may be covered if you get it in a primary care setting (like a doctor's office). Talk to your primary care doctor or primary care practitioner to find out more.

Who is covered?

All people with Medicare may be screened for obesity. Counseling is covered for anyone found to have a body mass index of 30 or more.

Additional Information

People with a body mass index of 30 or more are eligible for:

- One face-to-face visit each week for the first month
- One face-to-face visit every other week for months 2–6
- One face-to-face visit every month for months 7–12, if you lose 6.6 pounds during the months 1-6

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Flu, Pneumococcal, and Hepatitis Shot

What is it?

Medicare covers flu, pneumococcal, and Hepatitis B shots. Flu, pneumococcal infections, and Hepatitis B can be life threatening to an older person.

Flu Shot

How often is it covered?

Once a flu season.

Cost to You?

You pay nothing if your doctor or health care provider offers this service.

Pneumococcal Shot

How often is it covered?

Most people only need this shot once in their lifetime.

Cost To You?

You pay nothing if your doctor or health care provider offers this service.

Hepatitis Shot

How often is it covered?

Three shots are needed for complete protection. Check with your doctor about when to get these shots if you qualify to get them.

Cost to You?

You pay nothing if your doctor or health care provider offers this service.

Are you at risk?

These are some of the factors that put you at medium or high risk for Hepatitis B; hemophilia, End-Stage Renal Disease, Diabetes, or living with someone infected. Other factors may increase your risk for Hepatitis B. Check with your doctor to see if you're at medium or high risk for Hepatitis B.

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Medical Nutrition Therapy

What is It?

Medicare may cover medical nutrition therapy if you have diabetes or kidney disease, and your doctor refers you for this service. These services can be given by a registered dietitian or Medicare-approved nutrition professional, and include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.

Cost to you?

You pay nothing for these services if the doctor accepts assignment.

How Often is it Covered?

Medicare covers 3 hours of one-on-one counseling services the first year, and 2 hours each year after that. If your condition, treatment, or diagnosis changes, you may be able to get more hours of treatment with a doctor's referral. A doctor must prescribe these services and renew your referral yearly if continuing treatment is needed into another calendar year.

Who is covered?

Certain people who have any of these:

- Diabetes
- Renal disease (people who have kidney disease, but aren't on dialysis)
- Have had a kidney transplant within the last 3 years

Your doctor needs to refer you for this service

Additional Information

Visit www.medicare.gov/publications to view the booklet "Medicare Coverage of Diabetes Supplies & Services." You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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HIV Screening

What is It?

Medicare covers voluntary HIV (Human Immunodeficiency Virus) screenings for people at increased risk for the infection, including anyone who asks for the test and pregnant women.

Cost to you?

You pay nothing for this test.

How Often is it Covered?

Medicare covers this test once every 12 months

Sexually Transmitted Infections (STI)

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.

Cost to you?

You pay nothing for STI screenings or counseling if the primary care doctor or primary care practitioner accepts assignment

Who is Covered?

People with Medicare who are at increased risk for an STI when the tests are ordered by a primary care doctor or other primary care practitioner.

Bone Mass Measurement

What is it?

Medicare covers bone mass measurements to see if you're at risk for broken bones. People are at risk for broken bones because of osteoporosis. Osteoporosis is a disease in which your bones become weak and brittle.

Cost to you?

You pay nothing for this test if your doctor accepts assignment.

How Often is it Covered?

Once every 24 months (more often if medically necessary).

Who is Covered?

Bone mass measurements are covered if medically necessary for certain people with Medicare whose doctors say they're at risk for osteoporosis.

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You are at high risk for diabetes if you…
Are over 65
Are overweight
Have a family history
or had gestational diabetes

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Diabetes Screening

What is it?

Diabetes is a medical condition in which your body doesn't make enough insulin, or has a reduced response to insulin. Diabetes causes your blood sugar to be too high because insulin is needed to use sugar properly. A high blood sugar level isn't good for your health.

Who's Covered?

People who are at risk for diabetes.

How often is it covered?

Based on the results of your screening tests, you may be eligible for up to 2 diabetes screenings per year.

Cost to You?

You pay nothing for this screening.

Are you at high risk for diabetes?

You're considered at high risk if you have high blood pressure, dyslipidemia, obesity, or a history of high blood sugar (glucose). Medicare also covers these tests if you answer "yes" to 2 or more of the following questions:

- Are you 65 or older?
- Are you overweight?
- Do you have a family history of diabetes?
- Do you have a history of gestational diabetes (diabetes during pregnancy), or have you had a baby weighing more than 9 pounds?

Diabetes Self-Management Training

Who is covered?

This training is for people with diabetes to teach them to manage their condition and prevent complications. You must have a written order from a doctor or other health care provider.

Cost To You?

You pay 20% of the Medicare-approved amount after the yearly Part B deductible.

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Colorectal Cancer Screenings

Who's Covered?

All people with Medicare 50 and older, but there's no minimum age for having a screening colonoscopy.

Cost to you?

You pay nothing for the fecal occult blood test. You pay nothing for the flexible sigmoidoscopy or screening colonoscopy if your doctor accepts assignment.

Additional Information

• If a polyp or other tissue is found and removed during the colonoscopy, you may have to pay 20% of the Medicare-approved amount for the doctor's services and a copayment in a hospital outpatient setting.

• For barium enemas, you pay 20% of the Medicare-approved amount for the doctor's services. The Part B deductible doesn't apply. If it's done in a hospital outpatient setting, you pay a copayment.

How Often is it Covered?

• Screening fecal occult blood test—Once every 12 months.

• Screening flexible sigmoidoscopy—Once every 48 months after the last flexible sigmoidoscopy or barium enema, or 120 months after a previous screening colonoscopy.

• Screening colonoscopy—Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy.

• Screening barium enema—Once every 48 months (high risk every 24 months) when used instead of sigmoidoscopy or colonoscopy.

Are you at high risk for colorectal cancer?

You are at high risk if you have had colorectal cancer before, have a close relative who had colorectal polyps or colorectal cancer, if you have a history of polyps, or if you have ever had inflammatory bowl disease.