



CULTIVATING A CULTURE OF CARING FOR OLDER ADULTS

Medicare-Covered Preventive Screenings* for Non-Pregnant Adult Beneficiaries, Compared to US Preventive Services Task Force (USPSTF) Recommendations*

MAY 2017

NOTE: where Medicare coverage differs substantially from USPSTF recommendations
 USPSTF recommendations are noted in yellow

SCREENING	MEDICARE COVERAGE/USPSTF RECOMMENDATION	FREQUENCY
Abdominal aortic aneurysm (AAA) screening	MEDICARE: for certain risk factors	Once in lifetime
	USPSTF: men aged 65-75 who have ever smoked	Once in lifetime
Alcohol misuse screening	MEDICARE: for all	Annual
Bone mass measurement (Osteoporosis screening)	MEDICARE: women who are estrogen-deficient and at risk for osteoporosis, or individuals who have vertebral abnormalities, who are (or will be) receiving glucocorticoids for more than 3 months, who have 1° hyperparathyroidism, or as f/u to osteoporosis therapy	Every 2 years, more frequently if medically necessary
	USPSTF: routine screening only for women ≥ 65, or younger women whose risk is greater than or equal to that of a 65 year old woman	Optimum interval unknown
Breast Cancer screening (mammography)	MEDICARE : women ≥ 35 years old	Aged 35-39: one baseline Aged 40 and older: annual
	USPSTF: routine for women aged 50-74; consider in women ages 40-49	Biennial
Cardiovascular screening blood tests (lipid panel)	MEDICARE: All without apparent signs/symptoms of CVD	Every 5 years
	Prior USPTF (no current screening rec): Men aged ≥ 35 and men 20-35 with increased CVD risk; women aged ≥ 20 with ↑ CVD risk	Every 5 years, shorter interval for those at risk or needing monitoring

*See the full USPSTF recommendations at <http://www.uspreventiveservicestaskforce.org/recommendations.htm> and for more information on Medicare-covered services, see interactive table on website <https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

SCREENING	MEDICARE COVERAGE/USPSTF RECOMMENDATION	FREQUENCY
Cervical cancer screening (Pap and/or HPV test)	MEDICARE: <ul style="list-style-type: none"> Pap: all women HPV test: women aged 30-65 years old 	<ul style="list-style-type: none"> Pap: high risk annually, nl risk every two years HPV test: every 5 year
	USPSTF: <ul style="list-style-type: none"> Pap smears for women 21-65; recommends against any routine screening in low risk women over age 65 HPV: can be used to extend Pap smear frequency to every 5 years for women 30-65 	<ul style="list-style-type: none"> Pap: every 3 yrs for women ages 21-30, and every 3 years (pap only) or 5 years (pap + HPV test) for ages 30-65 HPV: every 5 years (for 30-65 year olds)
Colorectal cancer screening Medicare options include: Fecal Occult Blood Test (FOBT), Stool DNA (sDNA), flexible sigmoidoscopy, barium enema (BE), or colonoscopy	MEDICARE: All aged ≥ 50 , or less than 50 years old and high risk for colon cancer (Note: sDNA is only for average risk, ages 50-85)	<ul style="list-style-type: none"> FOBT: annual sDNA: every 3 years (average risk only) Flexible sigmoidoscopy or BE: every 4 years Colonoscopy: ave. risk q10 yrs; high risk q2 yrs
	USPSTF: all aged 50-75; same options as covered by Medicare, except it included fecal immunochemical test (FIT) and excluded BE from its analysis	<ul style="list-style-type: none"> FOBT and sDNA: same as above FIT: every year, Flex sigmoidoscopy: every 5 years Colonoscopy: every 10 years
Depression screening	MEDICARE: All	Annual
Diabetes screening	MEDICARE: those with certain risk factors for diabetes or diagnosed with pre-diabetes	<ul style="list-style-type: none"> Pre-diabetics: twice a year Non-diabetics: once a year
	USPSTF: adults aged 40 to 70 years who are overweight or obese; consider screening earlier in persons with risk factors	Every 3 years
Glaucoma screening	MEDICARE: persons with diabetes or family history of glaucoma, African Americans aged ≥ 50 , Hispanic Americans aged ≥ 65	Annual
	USPSTF: concludes that the current evidence is insufficient to recommend screening for glaucoma in adults	Insufficient evidence to recommend

SCREENING	MEDICARE COVERAGE/USPSTF RECOMMENDATION	FREQUENCY
HCV screening	MEDICARE: all those born between 1945 – 1965 and those at high risk	Annually for high risk, once for those born between 1945 – 1965 not at high risk
	USPSTF: same as above	Evidence insufficient to recommend screening interval for high risk
HIV screening	MEDICARE: all at increased risk of HIV, or by request	Annual
	USPSTF: at least one test for all aged 15-65, regardless of risk; also older adults at risk	Evidence insufficient to recommend screening intervals for those at increased risk; suggests annual for very high risk and every 3-5 years for increased risk
Lung cancer screening (low dose CT scan)	MEDICARE: Age 55-77 years with at least 30 pack-year smoking history, currently smoking or quit less than 15 years ago	Annual (must receive counseling and shared decision making visit prior to first time)
Prostate cancer screening (Prostate Specific Antigen, or “PSA”)	MEDICARE: all males aged > 50	Annual
	USPSTF: recommendation under review; see website below for most recent recommendation	
Sexually Transmitted Infection (STI) screening (Syphilis, gonorrhea [GC] and <i>Chlamydia trachomatis</i> [CT])	MEDICARE: Sexually active adults at increased risk for STIs	<ul style="list-style-type: none"> • Syphilis: men and women annually • GC and CT: women annually
	USPSTF: <ul style="list-style-type: none"> • Syphilis: screen those at increased risk • GC and CT: women ≤ 24 years old and older women at increased risk 	<ul style="list-style-type: none"> • Syphilis: optimum screening frequency unknown; highest risk may benefit from more frequent screening (e.g. every 3 months instead of annually) • GC/CT: screen women if sexual history reveals new or persistent risk factors since the last negative test.

Medicare-Covered Vaccinations and Counseling Services¹ for Non-Pregnant Adult Beneficiaries

MARCH 2017

SERVICE	INDICATION	FREQUENCY
Vaccinations²		
Hepatitis B vaccination	Certain beneficiaries at intermediate or high risk of contracting Hepatitis B	Once (3 doses)
Influenza (flu) vaccination	All	Once per flu season
Pneumococcal vaccination: Polysaccharide vaccine (PPSV23) Conjugate vaccine (PCV13)	Indicated for those ≥ 65 or younger with certain conditions	One dose each of PPSV23 and PCV13 one year apart
Counseling/Behavioral Interventions (Note: patient must be competent and alert at the time of counseling and counseling must be furnished by qualified primary care practitioner in a primary care setting)		
Behavioral counseling for alcohol misuse	Those identified as misusing alcohol but not alcohol dependent	Up to four face-to-face behavioral counseling 15 min sessions per year
Counseling to prevent/stop tobacco use	All who use tobacco	Two cessation attempts per year: each includes a maximum of 4 intermediate (10 min) or intensive (>10 min) sessions, for a maximum of 8 per year
Diabetes Self-Management Training (DSMT)	All with diabetes	<ul style="list-style-type: none"> • First year: up to 10 hours • Subsequent years: up to 2 hours
High Intensity Behavioral Counseling (HIBC) to prevent STIs	Sexually active adults at increased risk for STIs	Semiannual counseling to prevent STIs, individual, face-to-face, 30 min
Intensive Behavioral Therapy (IBT) for cardiovascular disease (CVD)	All	Individual face-to-face, one 15 min session per year
IBT for Obesity	BMI ≥ 30, competent and alert at time of counseling and counseling furnished by qualified primary care physician or other primary care practitioner in a primary care setting	<ul style="list-style-type: none"> • First month: one face-to-face visit per week • Month 2-6: one face-to-face visit every other week • Month 7-12: one face-to-face visit per month (if weight loss of at least 3 kg has occurred)
Medical Nutrition Therapy (MNT) (Provided by nutrition professional)	Diagnosed with diabetes or renal disease, or renal transplant within 3 years	<ul style="list-style-type: none"> • First year: 3 hours one-on-one • Subsequent years: 2 hours one-on-one

1. For more information on covered services, see interactive table on website:

<https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

2. Other vaccines that beneficiaries may need, such as Tdap or zoster, may be covered under Part D