

Medicare-covered Preventive Screening Services		Medi-Cal-covered Preventive Screening Services (Based on USPSTF A and B Recommendations)		
Service	Description	Service	Description	Grade
Abdominal Aortic Aneurysm Screening	A one-time screening ultrasound for people at risk. This screening is only covered if the member gets a referral for it as a result of the "Welcome to Medicare" physical exam.	Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	B
Annual Wellness Visit	Covered every 12 months for members who have had Part B for longer than 12 months. May not take place within 12 months of the "Welcome to Medicare" preventive visit, however goes not require the "Welcome to Medicare" preventive visit in order to be covered after having part B coverage for 12 months.			
Bone Mass Measurement	Procedures to identify bone mass, detect bone loss, or determine bone quality, including a physician's interpretation of the results are covered every 24 months or more frequently, if medically necessary for qualified individuals (people at risk of losing bone mass or at risk of osteoporosis)	Osteoporosis screening: women 65 years and older	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.	B

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Breast Cancer Screening (Mammograms)	One baseline exam between the ages of 35 and 39 - One screening every 12 months for women age 40 and older - Clinical breast exam once every 24 months	Breast cancer screening	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.	B
Cardiovascular Disease Risk Reduction Visit (therapy for cardiovascular disease)	One visit per year with PCP to lower risk for cardiovascular disease	Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	B
Cardiovascular Disease Testing	Blood tests for the detection of cardiovascular disease (or abnormalities associated with an elevated risk of cardiovascular disease) once every 5 years (60 months).			

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Cervical and Vaginal Cancer Screening	For all women: Pap tests and pelvic exams once every 24 months; Women at high risk for cervical cancer or have had an abnormal Pap test and are of childbearing age: one Pap test every 12 months	Cervical cancer screening	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	A
Colorectal Cancer Screening	For people 50 and older: Flexible sigmoidoscopy (or screening barium enema as an alternative) every 48 months - For people 50 and older, fecal occult blood test, every 12 months DNA based colorectal cancer screening every 3 years - For people at high risk for colorectal cancer, Screening colonoscopy (or screening barium enema as an alternative) every 24 months -For people not at high risk of colorectal cancer Screening colonoscopy every 10 years (120 months), but not within 48 months of a screening sigmoidoscopy	Colorectal cancer screening	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.	A
Depression Screening	One screening for depression per year. The screening must be done in a primary care setting that can provide follow up treatment and referrals.	Depression screening: adults	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B

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Diabetes Screening	Screening including fasting glucose tests for any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of hi blood glucose. Tests may be covered for members who are overweight or have a family history of diabetes. Based on the results of the tests the member may be eligible for up to 2 diabetic screening every 12 months.	Diabetes screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	B
Diabetes Self-Management Training (DMST)	For people diagnosed with diabetes and received an order for DMST for the physician or qualified non-physician professional treated the diabetes Initial year: Up to 10 hours of initial training within a continuous 12-month period Subsequent years: Up to 2 hours of follow-up training each calendar year after the initial 10 hours of training has been completed			
HIV Screening	For people who ask for an HIV screening test or who are at increased risk for HIV infection, one screening exam every 12 months For women who are pregnant, up to three screening exams during a pregnancy	HIV screening: nonpregnant adolescents and adults	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.	A

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Immunizations	Covered under Medicare Part B: Flu shots, once per year during flu season (fall or winter) Hepatitis B vaccine if at high risk or intermediate risk of getting Hepatitis B Pneumonia vaccine Other vaccines for high risk and the Medicare Part B coverage rules are met	All approved adult vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP) are covered. The list of covered vaccines can be found in the Adult Immunization Schedules page of the CDC website (www.cdc.gov/vaccines/schedules/hcp/adult.html). Note: Some vaccines in this scheduled may be covered under Medicare Part D.		N/A
Medical Nutrition Therapy	For people with diabetes, renal disease (but not on dialysis), or after a kidney transplant when referred by the treating physician and service provided by a registered dietitian or nutrition professional First year: 3 hours of one-on-one counseling Subsequent years: 2 hours			
Medicare Diabetes Prevention Program (MDPP)	Covered for eligible Medicare beneficiaries under all Medicare health plans. MDPP is a structured health behavior change intervention that provides practical training in long-term dietary change, increased physical activity, and problem-solving strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle.			

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Obesity Screening and Therapy to Promote Sustained Weight Loss	For BMI index of 30 or more, intensive counseling is covered to help with weight loss. The counseling is to be done at the primary care setting, where it can be coordinated with a comprehensive prevention plan.	Obesity screening and counseling: adults	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.	B
Prostate Cancer Screening Exams	- For men age 50 and older, digital rectal exam once every 12 months - For men age 50 and older, Prostate Specific Antigen (PSA) test once every 12 months			
Screening and Counseling to reduce alcohol misuse	One screening for members who misuse alcohol but are not alcohol dependent. If screened positive, up to 4 brief face to face counseling sessions per year (if the member is competent and alert during counseling) provided by a qualified primary care doctor or practitioner in a primary care setting.	Alcohol misuse: screening and counseling	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	B
Screening for lung cancer with low dose computed tomography (LDCT)	Screening for lung cancer with low dose computed tomography (LDCT) -For people aged 55-77 years who have no signs or symptoms of lung cancer but have a history of tobacco smoking of at least 30 pack-years and who currently smoke or have quit smoking within the last 15 years.	Lung cancer screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B
		Chlamydia screening: women	The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	B

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Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs	Sexually transmitted infection (STI) screenings for chlamydia, gonorrhea, syphilis, and Hepatitis B are covered for pregnant women and for certain people who are at increased risk for an STI when the tests are ordered by a primary care provider. These tests are covered once every 12 months or at certain times during pregnancy.	Gonorrhea screening: women	The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	B
		Hepatitis B screening: nonpregnant adolescents and adults	The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.	B
		Syphilis screening: nonpregnant persons	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	A
		Sexually transmitted infections counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.	B
Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)	Persons who use tobacco, but do not have signs or symptoms of tobacco-related disease: Two counseling quit attempts within a 12-month period are covered. Each counseling attempt includes up to four face-to-face visits. Persons who use tobacco and have been diagnosed with a tobacco-related disease or are taking medicine that may be affected by tobacco: Two counseling quit attempts within a 12-month period are covered, however, the member pays the applicable cost-sharing. Each counseling attempt includes up to four face-to-face visits.	Tobacco use counseling and interventions: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	A
Vision Care – Glaucoma Screening	For people at high risk of glaucoma, such as people with history of glaucoma, people with diabetes, African-Americans age 50 or older: glaucoma screening once per year.			

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"Welcome to Medicare" Preventive Visit	One time preventive visit covered only within the first 12 months the member has Medicare Part B. Includes a review of health as well as education, counseling about preventive services the member needs (including certain screening and immunizations), and referrals for other care if needed.			
		Blood pressure screening: adults	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	A
		BRCA risk assessment and genetic counseling/testing	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.	B
		Breast cancer preventive medications	The USPSTF recommends that clinicians engage in shared, informed decisionmaking with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	B

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		Falls prevention: older adults	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	B
		Hepatitis B screening: nonpregnant adolescents and adults	The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.	B
		Hepatitis C virus infection screening: adults	The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.	B
		Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.	B

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		Tuberculosis screening: adults	The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.	B