CENTERS FOR MEDICARE & MEDICAID SERVICES

Women with Medicare

Visiting Your Doctor for a Pap Test, Pelvic Exam, and Clinical Breast Exam

This official government booklet will help you understand

- ★ What's covered in the Original Medicare Plan
- ★ What Medicare pays
- ★ What you pay

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"Women with Medicare" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Introduction

Medicare Part B (Medical Insurance) covers many preventive services to help keep you healthy. These services cover exams and tests that check for certain illnesses. This booklet will give you information on how the Original Medicare Plan helps pay for three preventive services for women: the Pap test, pelvic exam, and clinical breast exam. It also explains what you must pay.

It's important to know that Medicare pays for much, but not all, of your health care. In providing good care, your doctor or health care provider may do exams or tests that Medicare doesn't pay for. Your doctor or health care provider may also recommend that you have tests more often than Medicare covers them. If this happens, you may have to pay for some or all of the costs. Be sure to talk to your doctor or health care provider to find out how often you need these exams to stay healthy.

You will usually get a Pap test, pelvic exam, and clinical breast exam during the same office visit. Your doctor or health care provider may give you other exams or tests on the same day. The Original Medicare Plan may or may not cover these other exams or tests. For example, the Original Medicare Plan doesn't pay for routine physical exams other than the one-time "Welcome to Medicare" physical exam (see page 11). If you have your Pap test, pelvic exam, and clinical breast exam on the same visit as a routine physical exam, Medicare will only cover part of this visit.

If you are in a Medicare Advantage Plan (like an HMO or PPO) or another Medicare Health Plan, you still get all the Medicare-covered services, including preventive services. Your costs for these services will be different from those described in this booklet. Check your plan materials for more information.

Note: In this booklet, you will see some words in red. These words are defined at the end of the booklet.

Pap Test, Pelvic Exam, and Clinical Breast Exam

What Medicare covers in the Original Medicare Plan

Medicare helps pay for a Pap test, pelvic exam, and clinical breast exam once every 24 months.

For some women, Medicare helps pay for a Pap test, pelvic exam, and clinical breast exam once every 12 months. This includes women who

- Are at high risk for cervical or vaginal cancer (see box below)
- Are of childbearing age and have had an abnormal Pap test or pelvic exam within the past 36 months

Medicare considers you at high risk for cervical or vaginal cancer if you

- Have not had any Pap tests within the last 7 years
- Have had less than three normal Pap tests in the last 7 years
- Are the daughter of a woman who took diethystilbestrol (DES) during pregnancy
- Began having sexual intercourse before age 16
- Have had 5 or more sexual partners in your life
- Have a history of sexually transmitted disease (including HIV infection)

Your doctor may think you are at high risk for cervical or vaginal cancer for other reasons. Medicare will only help pay for these exams every year if you are in one of the groups listed above.

What you pay

- 20% of the Medicare-approved amount for the pelvic exam, clinical breast exam, and the collection of the Pap test specimen
- Nothing for the laboratory to read your Pap test
- No Part B deductible

Summary of what's covered in the Original Medicare Plan

Service	What Medicare Covers	What You Pay
Pap Test	One Pap test every 24 months. Exception: If you are in one of the high risk groups listed on page 3, Medicare will help pay for a Pap test once every 12 months.	• 20% of the Medicare-approved amount for the part of the exam when your doctor/health care provider collects the specimen. • Nothing for the lab Pap test. • No Part B deductible for this service.
Pelvic Exam/Clinical Breast Exam	One pelvic/clinical breast exam every 24 months. Exception: If you are in one of the high risk groups listed on page 3, Medicare will help pay for a pelvic exam and clinical breast exam once every 12 months.	• 20% of the Medicare-approved amount. • No Part B deductible for this service.

Remember, if you have other exams or tests done on the same day, you may have to pay out-of-pocket for some or all of those services.

The following 3 examples will show you common situations in which you may get a Pap test, pelvic exam, and clinical breast exam. Each example will show you what Medicare pays and what you must pay.

Example #1

Mrs. Ramos is in the Original Medicare Plan and is enrolled in Medicare Part B. She feels healthy and is visiting her doctor for a routine physical exam. Her doctor accepts assignment. It has been 25 months since her last Pap test, pelvic exam, and clinical breast exam. During her visit, the doctor talks with Mrs. Ramos about her health, listens to her heart and lungs, and examines her skin. This physical exam also includes a Pap test, pelvic exam, and breast exam. Mrs. Ramos' Pap test is sent to a lab for testing.

Note: This is only an example. Your actual charges, what you pay, and the services you get will most likely be different. Also, if you have additional health coverage, it may pay some of the costs Medicare doesn't cover.

Amount Charged This is the amount Mrs. Ramos' doctor charges for this physical exam, including the Pap test collection, pelvic exam, and breast exam.	**$125**
Medicare-Approved Amount This is the amount Medicare approves. Medicare approves a certain amount for covered services only. In this case, Mrs. Ramos' Pap test, pelvic exam, and breast exam are covered services. The rest of her physical exam isn't covered.	**$75**
Medicare Pays Medicare pays 80% of the Medicare-approved amount. (80% of $75 = $60)	**$60**
Mrs. Ramos Pays Mrs. Ramos must pay 20% of the Medicare-approved amount. (20% of $75 = $15) She must also pay for the part of her visit not covered by Medicare. ($125 - $75 = $50) ($15 + $50 = $65)	**$65**

In this example, Mrs. Ramos doesn't have to pay the Part B deductible since it isn't required for these preventive services. She also doesn't have to pay the charge for the lab to read her Pap test.

Example #2

Ms. Adams is in the Original Medicare Plan and is enrolled in Medicare Part B. She goes to see her doctor because she has back pain. Her doctor accepts assignment. Also, it's been over 2 years since she had her last Pap test, pelvic exam, and clinical breast exam. During her visit, her doctor checks her back, examines her breasts, and does a Pap test and pelvic exam. Ms. Adams' Pap test is sent to a lab for testing.

Note: This is only an example. Your actual charges, what you pay, and the services you get most likely will be different. Also, if you have additional health coverage, it may pay some of the costs Medicare doesn't cover.

Amount Charged This is the total amount Ms. Adams' doctor charges for this visit. Ms. Adams' back exam, Pap test collection, pelvic exam, and breast exam are included in this charge.	**$160**
Medicare-Approved Amount This is the amount Medicare approves. Medicare approves a certain amount for covered services only. In this case, Ms. Adams' back exam, Pap test, pelvic exam, and breast exam are covered services.	**$135**
Medicare Pays Medicare pays 80% of the Medicare-approved amount. (80% of $135 = $108)	**$108**
Ms. Adams Pays Ms. Adams has already paid her Part B deductible* ($135 in 2008). She now must pay 20% of the Medicare-approved amount. (20% of $135 = $27)	**$27**

*Although the Part B deductible isn't required for these preventive services, part of Ms. Adams' visit includes an exam of her back. This type of exam isn't a preventive service and requires payment of the Part B deductible before Medicare will pay its share. Ms. Adams doesn't have to pay the charge for the lab to read her Pap test.

Example #3

Ms. Lewis is in the Original Medicare Plan and is enrolled in Medicare Part B. Her last Pap test, pelvic exam, and clinical breast exam was 22 months ago. She decides to have the exams early because she is going on vacation and wants to have them done before she leaves. She goes in to see her doctor who accepts assignment. When the bill is processed, Ms. Lewis' records show that it has been less than 24 months since she last had these tests and Medicare won't cover the costs. Ms. Lewis isn't in any of the high risk groups that would let Medicare cover these exams every 12 months.

Note: This is only an example. Your actual charges, what you pay, and the services you get will most likely be different. Also, if you have additional health coverage, it may pay some of the costs Medicare doesn't cover.

Amount Charged Ms. Lewis' doctor charges $100 for the office visit. The lab charges $50 for her Pap test. ($100 + $50 = $150)	**$150**
Medicare-Approved Amount This is the amount Medicare approves. Medicare approves a certain amount for covered services only. In this case, Ms. Lewis' Pap test, pelvic exam, and breast exam aren't covered because it hasn't been 24 months since she last had them and she isn't at high risk.	**$0**
Medicare Pays Medicare doesn't pay for any of the charges because it has already paid for these same services less than 24 months ago.	**$0**
Ms. Lewis Pays Ms. Lewis must pay the entire charge for her doctor's visit and lab test.	**$150**

Keeping a Record

It can be hard to remember when you had your last Pap test, pelvic exam, and clinical breast exam. It can be even harder to remember the dates if you move or get care from more than one doctor/health care provider. If you get these exams more often than Medicare covers, you may have to pay for all of the costs even if you only get them a couple of months early.

You can help yourself by keeping a record of your exams. Use the space below. Make sure you write down the date of your visit, your doctor's/health care provider's name, and the services you had done.

You may want to make a copy of this page in case you need more space.

Date of Visit	**Doctor's/Health Care Provider's Name**	**What was done at visit** (Pap test, pelvic exam, clinical breast exam)	**Results**

www.MyMedicare.gov

You can also visit www.MyMedicare.gov on the web to get direct access to your preventive health information—24 hours a day, every day. Visit the website, sign up, and Medicare will mail you a password to allow you access to your personal Medicare information. By visiting www.MyMedicare.gov on the web, you can see a description of your covered preventive services, the last date that service was performed, and the next date you are eligible for that service.

Other Medicare-Covered Preventive Services

To help you stay healthy and find health problems early, when treatment works best, Medicare Part B covers...

	How Often and Who's Covered	What You Pay
Abdominal Aortic Aneurysm Screening A one-time screening ultrasound for people at risk.	Medicare only covers this screening if you get a referral for it as a result of your "Welcome to Medicare" physical exam. See page 11.	You pay coinsurance.
Bone Mass Measurements These measurements help determine if you are at risk for broken bones.	Medicare covers these measurements once every 24 months (more often if medically necessary) for people with Medicare at risk for osteoporosis.	20% of the Medicare-approved amount after you pay the yearly Part B deductible ($135 in 2008).
Cardiovascular Screenings Ask your doctor to check your cholesterol, lipid, and triglyceride levels so he or she can help you prevent a heart attack or stroke.	Medicare covers screening tests for cholesterol, lipid, and triglyceride levels every 5 years for all people with Medicare.	Nothing for these lab tests.
Colorectal Cancer Screening These tests help find precancerous growths so they can be removed and prevent cancer. They also help find colorectal cancer early, when treatment is most effective.	If you are age 50 or older, or are at high risk for colorectal cancer, one or more of the following tests is covered: • Fecal Occult Blood Test—Once every 12 months. • Flexible Sigmoidoscopy—Once every 48 months. • Colonoscopy—Once every 24 months if you are at high risk for colorectal cancer. If you are not at high risk for colorectal cancer, once every 120 months (or 48 months after a screening flexible sigmoidoscopy). • Barium Enema—Once every 48 months (high risk every 24 months) when used instead of a flexible sigmoidoscopy or colonoscopy.	Nothing for the fecal occult blood test. For all other tests, 20% of the Medicare-approved amount. For flexible sigmoidoscopy or colonoscopy you pay 25% of the Medicare-approved amount if the test is done in an ambulatory surgical center or hospital outpatient department.

Other Medicare-Covered Preventive Services (continued)

	How Often and Who's Covered	What You Pay
Diabetes Screening Medicare covers tests to check for diabetes.	These tests are available if you have any of the following risk factors: high blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar. Medicare also covers these tests if you have 2 or more of the following characteristics: • Age 65 or older • Overweight • Family history of diabetes (parents, brothers, sisters) • A history of gestational diabetes (diabetes during pregnancy), or delivery of a baby weighing more than 9 pounds	Nothing for these lab tests.
Diabetes Self-management Training Training for certain people recently diagnosed with diabetes or at risk for complications from diabetes	Medicare covers this training for people with diabetes. Your doctor must request this service.	20% of the Medicare-approved amount after you pay the yearly Part B deductible ($135 in 2008).
Flu Shots These shots help prevent influenza or flu virus.	Medicare covers these shots once a flu season in the fall or winter for all people with Medicare.	Nothing if the health care provider accepts assignment.
Glaucoma Tests These tests help find the eye disease glaucoma.	Medicare covers these tests once every 12 months for people with Medicare at high risk for glaucoma, including people with a family history of glaucoma, African Americans age 50 and older, and Hispanic Americans age 65 and older.	20% of the Medicare-approved amount after you pay the yearly Part B deductible ($135 in 2008).
Hepatitis B Shots These 3 shots help protect people from getting Hepatitis B.	Medicare covers these shots for people with Medicare at high or medium risk for Hepatitis B.	20% of the Medicare-approved amount after you pay the yearly Part B deductible ($135 in 2008).
Medical Nutrition Therapy Services Nutritional assessment and counseling to help you manage your diabetes or kidney disease.	Medicare may cover medical nutrition therapy if you have diabetes or kidney disease and your doctor refers you for the service.	20% of the Medicare-approved amount after you pay the yearly Part B deductible ($135 in 2008).

Other Medicare-Covered Preventive Services (continued)

	How Often and Who's Covered	What You Pay
One-time "Welcome to Medicare" physical exam Medicare covers a one-time review of your health, as well as education and counseling about the preventive services you need, including certain screenings and shots. Referrals for other care if you need it will also be covered.	Medicare covers this physical exam for all people within the first 6 months of the effective date of Part B coverage.	20% of the Medicare-approved amount after you pay the yearly Part B deductible ($135 in 2008).
Pneumococcal Shot This shot helps prevent pneumococcal infections (like certain types of pneumonia).	Medicare covers this shot. Most people only need this shot once in their lifetime.	Nothing if the health care provider accepts assignment.
Screening Mammograms These tests check for breast cancer before you or your doctor may be able to feel it.	Medicare covers mammograms once every 12 months for all women with Medicare age 40 and older.	20% of the Medicare-approved amount with no Part B deductible.

For More Information

For more information about Medicare's preventive services, visit www.medicare.gov on the web. Under "Search Tools," select "Find a Medicare Publication" to view the publications below.

Pap Tests for Older Women: A Healthy Habit for You
This brochure answers commonly asked questions about Pap tests.

Women and Heart Disease
This brochure includes information women need to know about heart disease.

Your Guide to Medicare's Preventive Services
This brochure gives information on preventive services covered by Medicare.

Medicare & You
This handbook gives basic information about Medicare coverage and benefits, health plan choices, rights and protections, and more.

A Healthier US Starts Here
This brochure provides tips for people with Medicare to talk to their doctors and a checklist to help identify which Medicare preventive services are right for them.

Words to Know

Assignment—In the Original Medicare Plan, this means a doctor agrees to accept Medicare's fee as full payment. If you are in the Original Medicare Plan, it can save you money if your doctor accepts assignment. You still pay your share of the cost of the doctor visit.

Clinical Breast Exam—An exam by your doctor/health care provider to check for breast cancer by feeling and looking at your breasts. This exam isn't the same as a mammogram and is usually done in the doctor's office during your Pap test and pelvic exam.

Copayment—An amount you pay in some Medicare health prescription drug plans, for each medical service, like a doctor's visit, or prescription. A copayment is usually a set amount. For example, you could pay $10 or $20 for a doctor's visit or prescription. Copayments are lower for people with Medicaid and people who qualify for extra help. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

Deductible—The amount you must pay for health care or prescriptions, before Original Medicare, your prescription drug plan or other insurance begins to pay. For example, in Original Medicare, you pay a new deductible for each benefit period for Part A, and each year for Part B. These amounts can change every year. People who qualify for extra help either pay no deductible, or a small deductible for prescription drug coverage.

Diethylstilbestrol (DES)—A drug given to pregnant women from the early 1940s until 1971 to help with common problems during pregnancy. The drug has been linked to cancer of the cervix or vagina in women whose mother took the drug while pregnant.

Health Care Provider—A person who is trained and licensed to give health care. Also, a place that is licensed to give health care. Doctors, nurses, and hospitals are examples of health care providers.

Medicare Advantage Plan (Part C)—A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Also called "Part C," Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan, and aren't paid for under the Original Medicare Plan. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare-Approved Amount—In the Original Medicare Plan, this is the amount a doctor or supplier can be paid. It includes what Medicare pays and any deductible, coinsurance, or copayment that you pay. It may be less than the actual amount a doctor or supplier charges.

Words to Know (continued)

Medicare Health Plan—A Medicare Advantage Plan (such as an HMO, PPO, or Private Fee-for-Service Plan) or other plan such as a Medicare Cost Plan. Everyone who has Medicare Part A and Part B is eligible for a plan in their area, except those who have End-Stage Renal Disease (unless certain exceptions apply).

Medicare Part B (Medical Insurance)—Medicare Part B helps cover medically-necessary services like doctors' services and outpatient care. Medicare Part B also helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse.

Original Medicare Plan—The Original Medicare Plan has 2 parts: Part A (Hospital Insurance) and Part B (Medical Insurance). It is a fee-for-service health plan. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductible).

Pap Test—A test to check for cancer of the cervix, the opening to a woman's uterus. It is done by removing cells from the cervix. The cells are then prepared so they can be seen under a microscope.

Pelvic Exam—An exam to check if internal female organs are normal by feeling their shape and size.

Preventive Services—Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best (for example, preventive services include Pap tests, flu shots, and screening mammograms).

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