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, and
- ★ what you pay.

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Disclaimer: This booklet provides a summary of Medicare benefits. It isn't a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

Introduction

Medicare Part B covers many preventive services to 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/health care provider may do exams or tests that Medicare doesn't pay for. Your doctor/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/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/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 10). 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 or a 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 pays 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); or
- 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 the age of 16,
- have had five or more sexual partners in your life, or
- 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 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 three 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 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 two 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 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* ($131 in 2007). 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 to get the exams done. 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 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 has not 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**

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
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 ($131 in 2007)
Cardiovascular Screenings Ask you 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 five 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 10 years (or 48 months after a screening flexible sigmoidoscopy). • Barium Enema - Doctor can use this instead of a flexible sigmoidoscopy or colonoscopy.	Nothing for the fecal occult blood test. For all other tests, 20% of the Medicare-approved amount or a set copayment amount after you pay the yearly Part B deductible ($131 in 2007). 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.

* For more information about bone mass measurements, look at www.medicare.gov on the web and select "Frequently Asked Questions." Or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 two or more of the following characteristics: • age 65 or older • overweight • family history of diabetes (parents, brothers, sisters) and • a history of gestational diabetes (diabetes during pregnancy), or delivery of a baby weighing more than 9 pounds.	Nothing for these lab tests.
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, or African Americans age 50 and older.	20% of the Medicare-approved amount after you pay the yearly Part B deductible ($131 in 2007).
Hepatitis B Shots These three 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 ($131 in 2007).
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 six months of the effective date of Part B coverage.	20% of the Medicare-approved amount after you pay the yearly Part B deductible ($131 in 2007).

Other Medicare Covered Preventive Services (continued)

	How Often and Who's Covered	What You Pay
Pneumococcal Shot This shot helps prevent pneumococcal infections.	Medicare covers this shot for all people with Medicare. 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. You don't have to pay the Part B deductible for this service.

For More Information

You can look at www.medicare.gov, on the web to read, print, or order booklets.

You may find the following booklets helpful:

Pap Tests for Older Women: A Healthy Habit for You
(CMS Pub. No. 10149) – This brochure answers commonly asked questions about Pap tests.

Your Guide to Medicare's Preventive Services
(CMS Pub. No. 10110) – This brochure gives information on preventive services covered by Medicare.

Medicare & You (CMS Pub. No. 10050) – This handbook gives basic information about Medicare coverage and benefits, health plan choices, rights and protections, and more.

Medicare and Other Health Benefits: Your Guide to Who Pays First
(CMS Pub. No. 02179) – This booklet explains how Medicare works with other types of health insurance, and who pays first.

You can also call 1-800-MEDICARE (1-800-633-4227) to get a free copy of the booklet you want. Have the publication number ready when you call. TTY users should call 1-877-486-2048.

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—In some Medicare health plans and prescription drug plans, the amount you pay for each medical service, like a doctor visit, or prescription. A copayment is usually a set amount you pay. For example, this could be $10 or $20 for doctor's visit or prescription. 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.

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—A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. In most cases, Medicare Advantage Plans also offer Medicare prescription drug coverage. A Medicare Advantage Plan can be an HMO, PPO, or a Private Fee-for-Service Plan.

Medicare-Approved Amount—In the Original Medicare Plan, this is the amount a doctor or supplier can be paid including what Medicare pays and any deductible, coinsurance, or copayment that you pay. The approved amount is sometimes called the "Approved Charge."

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—Medicare medical insurance that helps pay for doctors' services, outpatient hospital care, durable medical equipment, and some medical services not covered by Part A.

Words to Know (continued)

Original Medicare Plan—A fee-for-service health plan that lets you go to any doctor, hospital, or other health care supplier who accepts Medicare and is accepting new Medicare patients. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). In some cases you may be charged more than the Medicare-approved amount. The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Pap Test—A test to check for cancer of the cervix, the opening to a woman's womb. 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 keep you healthy, prevent illness, or detect illness at an early age. For example, Pap tests, pelvic exams, yearly mammograms, and flu shots.

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¿Necesita usted una copia en español? Por favor llame GRATIS al 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048 para personas con impedimentos auditivos o del lenguaje oral).

Do you need a copy in Spanish? Look at www.medicare.gov on the web. Select "Publications." Or, call 1-800-MEDICARE (1-800-633-4227) and ask for a free copy of this booklet. TTY users should call 1-877-486-2048.

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