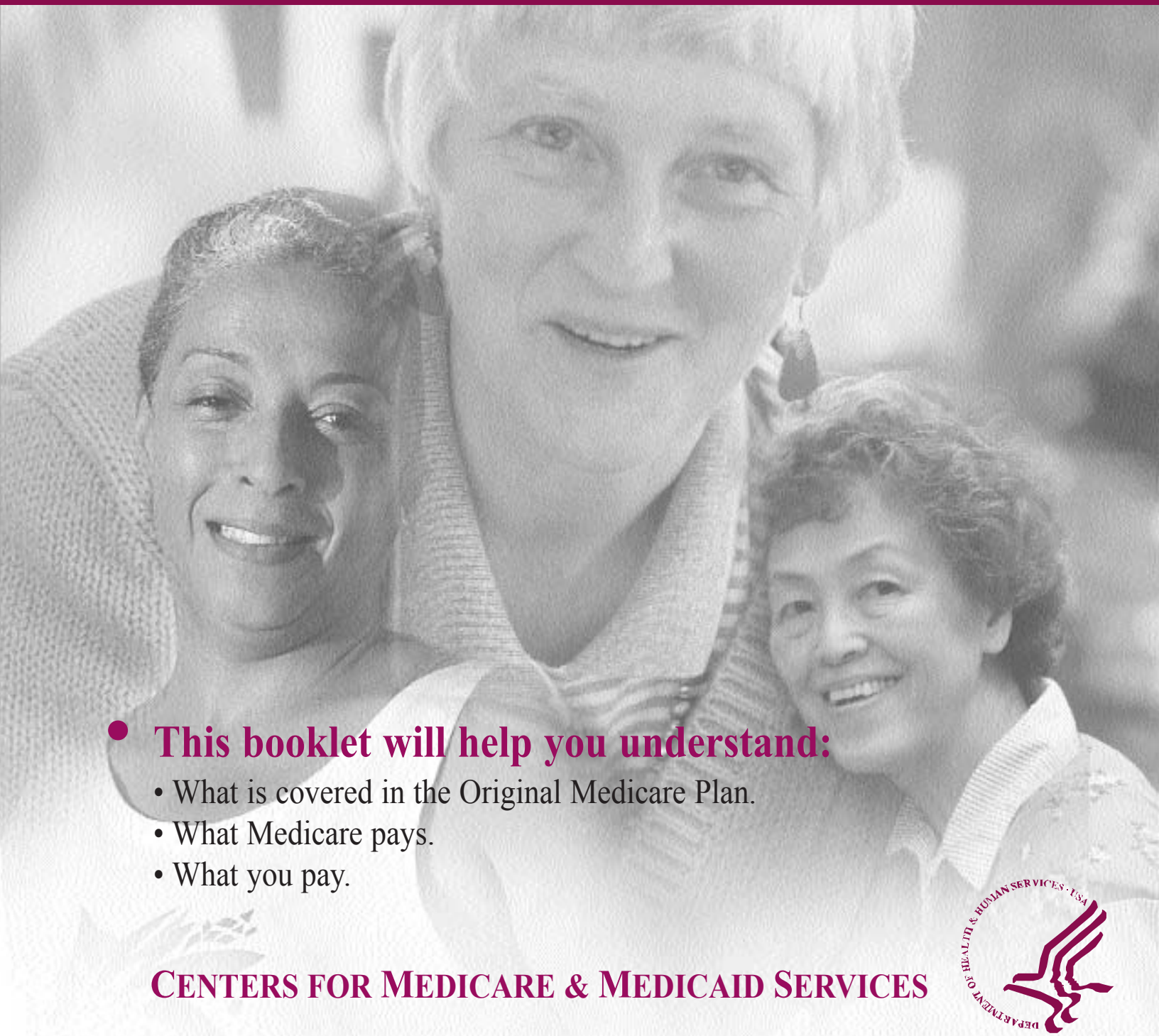
WOMEN *with* MEDICARE

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



This booklet will help you understand:

- What is covered in the Original Medicare Plan.
- What Medicare pays.
- What you pay.

CENTERS FOR MEDICARE & MEDICAID SERVICES

Table of Contents

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

Introduction

Medicare 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 is important to know that Medicare pays for much of your health care, but not all of it. In providing good care, your doctor/health care provider may do exams or tests that Medicare does not 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 does not pay for routine physical exams. If you have your Pap test, pelvic exam, and clinical breast exam on the same visit as your physical exam, Medicare will only cover part of this visit.

If you are in a Medicare health plan like a Medicare managed care plan (HMO) or Private Fee-for-Service 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 of an age to have children and have had an abnormal Pap test within the past 36 months; or
- Are at high risk for cervical or vaginal cancer, see box below.

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

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

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. She feels healthy and is visiting her doctor who accepts assignment for a routine physical exam. 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 is not 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 does not have to pay the Part B deductible.

She also does not have to pay the charge for the lab to read her Pap test.

Example #2

Ms. Adams is in the Original Medicare Plan. She goes to see her doctor because she has back pain. Her doctor accepts assignment. It is also time for her to get a 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* ($100 in 2001). She now must pay 20% of the Medicare-approved amount. (20% of $135 = $27)	**$27**

*The Part B deductible is not required for most preventive services like the Pap test. Part of Ms. Adams' visit includes an exam of her back. This type of exam is not a preventive service and requires payment of the Part B deductible before Medicare will pay its share.

Ms. Adams' does not have to pay the charge for the lab to read her Pap test.

Example #3

Ms. Lewis is in the Original Medicare Plan. She does not remember exactly when she had her last Pap test, pelvic exam, and clinical breast exam. She goes in to see her doctor who accepts assignment to get the tests 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 will not cover the costs. Ms. Lewis is not 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, where her Pap test is sent charges $50. ($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 are not covered because it has not been 24 months since she last had them and she is not at high risk.	**$0**
Medicare Pays Medicare does not 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 it even if it is only 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

Medicare covers other preventive services that are important for your health. You may have to go to a different health care provider or somewhere other than your doctor's office to get these services.

Service	Who is Covered	What You Pay
Mammogram Screening: Once every 12 months. Medicare also covers new digital technologies for mammogram screening.	All women with Medicare age 40 and older. Women between the ages of 35 and 39 can get one baseline mammogram.	20% of the Medicare-approved amount. You do not have to pay the Part B deductible for this service.
Colorectal Cancer Screening: • 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 colon cancer. If you are not at high risk for colon 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.	All people with Medicare age 50 and older. However, there is no minimum age for having a colonoscopy or a barium enema instead of a 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 ($100 in 2002). 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)

Service	Who is Covered	What You Pay
Bone Mass Measurements: Varies with your health status.	Certain people at risk for losing bone mass including women with low levels of the female hormone estrogen, and people who have had broken bones in the past, or who are already being treated for osteoporosis.*	20% of the Medicare-approved amount or a set copayment amount after you pay the yearly Part B deductible ($100 in 2002).
Glaucoma Screening: Once every 12 months, starting January 1, 2002. Must be done or supervised by an eye doctor who is legally allowed to do this service in your state.	People at high risk for glaucoma, including people with diabetes or a family history of glaucoma.	20% of the Medicare-approved amount after you pay the yearly Part B deductible ($100 in 2002).
Shots (vaccinations): Flu Shot - Once a year in the fall or winter.	All people with Medicare.	Nothing for flu and pneumonia shots if the health care provider accepts assignment.
Pneumoccocal Pneumonia Shot - One shot may be all you ever need. Ask your doctor.	All people with Medicare.	
Hepatitis B Shot	People at medium to high risk for Hepatitis B.	For Hepatitis B shots, 20% of the Medicare-approved amount or a copayment amount after you pay the yearly Part B deductible ($100 in 2002).

* 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.

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 Life (CMS Pub. No. 99914) – This brochure answers commonly asked questions about Pap tests.

Medicare Preventive Services…To Help Keep You Healthy (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 is not 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, the amount that you pay for each medical service you get, like a doctor visit. A copayment is usually a set amount you pay for a service. For example, this could be $5 or $10 for a doctor visit. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

Deductible - The amount you must pay for health care, before Medicare begins to pay, either each benefit period for Part A, or 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-Approved Amount - The fee Medicare sets for a covered medical service. This is the amount a doctor or supplier is paid by you and Medicare for a service or supply. It may be less than the normal amount charged by a doctor or supplier. The approved amount is sometimes called the "Approved Charge."

Medicare Managed Care Plan - These are health care choices in some areas of the country. In most plans, you can only go to doctors, specialists, or hospitals on the plan's list. Plans must cover all Medicare Part A and Part B health care. Some plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Original Medicare Plan - A pay-per-visit health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts:
Part A (hospital insurance) and
Part B (medical insurance).

Words To Know (continued)

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 or to prevent illness. For example, Pap tests, pelvic exams, yearly mammograms, and flu shots.

Private Fee-for-Service Plan - A private insurance plan that accepts Medicare beneficiaries. You may go to any doctor or hospital you want. The insurance plan, rather than the Medicare program, decides how much you pay for the services you get. You may pay more for Medicare covered benefits. You may have extra benefits the Original Medicare Plan does not cover.

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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. TTY and ask for a free copy of this booklet. TTY users should call 1-877-486-2048.