

Beneficiaries at High Risk for Developing Colorectal Cancer
Medicare provides coverage of a screening colonoscopy once every 2 years for beneficiaries at high risk for colorectal cancer.

Beneficiaries Not at High Risk for Developing Colorectal Cancer
Medicare provides coverage of a screening colonoscopy once every 10 years but not within 47 months of a previous screening sigmoidoscopy.

SCREENING BARIUM ENEMA

Medicare provides coverage of a screening barium enema as an alternative to either a screening sigmoidoscopy or a high risk screening colonoscopy.

Beneficiaries at High Risk for Developing Colorectal Cancer
Medicare provides coverage of a screening barium enema, as an alternative to a screening colonoscopy, once every 2 years (i.e., at least 23 months have passed following the month in which the last covered screening barium enema was performed) for beneficiaries at high risk for colorectal cancer, without regard to age.

Beneficiaries Not at High Risk for Developing Colorectal Cancer
Medicare provides coverage of a screening barium enema, as an alternative to a screening flexible sigmoidoscopy, once every 4 years (i.e., at least 47 months have passed following the month in which the last covered screening barium enema was performed) for beneficiaries not at high risk for colorectal cancer, but who are age 50 or older. Medicare provides coverage of colorectal cancer screenings as a Part B benefit. For deductible, copayment and coinsurance information, refer to "Quick Reference Information: Preventive Services" at http://www.cms.gov/MLNProducts/downloadsMPS_QuickReferenceChart_1.pdf on the CMS website.

PROSTATE CANCER SCREENING

Medicare provides coverage of an annual preventive prostate cancer screening prostate specific antigen (PSA) blood test and digital rectal exam (DRE) for the early detection of prostate cancer once every 12 months for all male beneficiaries age 50 and older (coverage begins the day after the beneficiary's 50th birthday), if at least 11 months have passed following the month in which the last Medicare-covered screening service was performed.

Screening Prostate Specific Antigen (PSA) Blood Test

The preventive screening PSA blood test must be ordered by the beneficiary's physician or Qualified NPP, who is authorized under State law to perform the examination, and is fully knowledgeable about the beneficiary's medical condition, and would be responsible for explaining the results of the test to the beneficiary

Screening Digital Rectal Examination (DRE)

The screening DRE must be performed by a physician or qualified NPP, who is authorized under State law to perform the examination, is fully knowledgeable about the beneficiary's medical condition,

and is responsible for explaining the results of the examination to the beneficiary.

Medicare provides coverage of the screening PSA blood test and the screening DRE as Part B benefits. The coinsurance or copayment applies for the screening DRE after the yearly Medicare Part B deductible has been met. The screening PSA blood test is a lab test for which neither the deductible nor coinsurance or copayment apply.

RESOURCES

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of preventive services covered by Medicare. For more information about coverage, coding, billing, and reimbursement of Medicare-covered preventive services and screenings, visit http://www.cms.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.

MEDICARE LEARNING NETWORK® (MLN)

The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official CMS educational products and information for Medicare Fee-For-Service Providers. For additional information, visit the MLN's web page at <http://www.cms.gov/MLNGenInfo> on the CMS website.

Your feedback is important to us and we use your suggestions to help us improve our educational products, services and activities and to develop products, services and activities that better meet your educational needs.

To evaluate Medicare Learning Network® (MLN) products, services and activities you have participated in, received, or downloaded, please go to <http://www.cms.gov/MLNProducts> and click on the link called 'MLN Opinion Page' in the left-hand menu and follow the instructions. Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov.

BENEFICIARY-RELATED INFORMATION

The official U.S. Government website for people with Medicare is located on the web at <http://www.medicare.gov>, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This brochure was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This brochure was prepared as a service to the public and is not intended to grant rights or impose obligations. This brochure may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Cancer Screenings



*For Physicians, Providers, Suppliers,
and Other Health Care Professionals*

The summary of information presented in this brochure is intended for Medicare Fee-For-Service physicians, providers, suppliers, and other health care professionals who furnish or provide referrals for and/or file claims for the Medicare-covered preventive benefits discussed in this brochure.

SCREENING MAMMOGRAPHY

A screening mammography is a radiologic procedure used for the early detection of breast cancer in women who have no signs or symptoms of the disease, and includes a physician's interpretation of the results.

Medicare provides coverage of an annual screening mammogram (i.e., at least 11 full months after the last Medicare screening mammogram was performed) for all female beneficiaries age 40 or older. Medicare also provides coverage of one baseline mammogram for female beneficiaries between the ages of 35 and 39.

Medicare provides coverage of a screening mammogram as a Part B benefit. There is no Medicare Part B deductible for this benefit. The coinsurance or copayment applies for dates of service prior to January 1, 2011. However, for dates of service January 1, 2011, and later, the coinsurance or copayment is waived.

NOTE: A doctor's prescription or referral is not necessary for Medicare to cover a screening mammogram.

Medicare also covers digital technologies for screening mammography services. The Medicare Part B deductible is waived. The coinsurance or copayment applies for dates of service prior to January 1, 2011. However, for dates of service January 1, 2011, and later, the coinsurance or copayment is waived.

SCREENING PAP TESTS

Medicare provides coverage of a screening Pap test for all female beneficiaries when a doctor of medicine or osteopathy or other authorized Non-Physician Practitioner (NPP) (i.e., a Certified Nurse Midwife (CNM), Physician Assistant (PA), nurse practitioner (NP), or Clinical Nurse Specialist (CNS), who is authorized under State law to perform the examination, orders and collects the test under one of the following conditions:

Covered once every 12 months

- There is evidence (on the basis of her medical history or other findings) that the woman is in one of the high risk categories for developing cervical or vaginal cancer or has other specified personal history presenting hazards to health, or
- An examination indicated the presence of cervical or vaginal cancer or other abnormality during any of the preceding 3 years in a woman of childbearing age.

Covered once every 24 months

Medicare provides coverage of a screening Pap test for all asymptomatic non-high risk female beneficiaries every 2 years (i.e., at least 23 months have passed following the month in which the last covered screening Pap test was performed).

High risk factors for cervical and vaginal cancer include:

- Early onset of sexual activity (under 16 years of age),
- Multiple sexual partners (five or more in a lifetime),
- History of a sexually transmitted disease [including human papillomavirus (HPV) and/or human immunodeficiency virus (HIV)],
- Fewer than three negative Pap tests within the previous 7 years, and
- DES (diethylstilbestrol)-exposed daughters of women who took DES during pregnancy.

Medicare provides coverage for a screening Pap test as a Part B benefit. For screening Pap test services paid under the Medicare Physician Fee Schedule, the coinsurance or copayment applies for dates of service prior to January 1, 2011, but are waived for dates of service on or after January 1, 2011. The deductible is waived. For tests paid under the Clinical Laboratory Fee Schedule, the coinsurance or copayment and deductible are waived.

SCREENING PELVIC EXAMINATION

Medicare provides coverage of a screening pelvic examination for all female beneficiaries when performed by a doctor of medicine or osteopathy, a CNM, PA, NP, or CNS who is authorized under State law to perform the examination. This examination does not have to be ordered by a physician or other authorized practitioner.

The Medicare-covered screening pelvic examination includes a complete physical examination of a woman's external and internal reproductive organs. The screening also includes a clinical breast examination.

Covered once every 12 months

Medicare provides coverage of a screening pelvic examination annually (i.e., at least 11 months have passed following the month in which the last Medicare-covered pelvic examination was performed) for beneficiaries who meet one (or both) of the following criteria:

- There is evidence that the woman is in one of the high risk categories (see high risk factors listed for cervical and vaginal cancer above) for developing cervical or vaginal cancer, or
- An examination indicated the presence of cervical or vaginal cancer or other abnormality during the preceding 3 years in a woman of childbearing age.

Covered once every 24 months

Medicare provides coverage of a screening pelvic examination for all asymptomatic female beneficiaries every 2 years (i.e., at least 23 months have passed following the month in which the last Medicare-covered pelvic screening examination was performed).

Medicare provides coverage for the screening pelvic examination as a Part B benefit. The coinsurance or copayment applies for dates of service on or after January 1, 2011. There is no Medicare Part B Deductible.

COLORECTAL CANCER SCREENING

Medicare provides coverage of colorectal cancer screening tests/procedures for the early detection of colorectal cancer. All Medicare beneficiaries age 50 and older are covered; however, when an individual is at high risk, there is no minimum age required to receive a screening colonoscopy or a barium enema (rendered in place of the screening colonoscopy). The covered screening tests/ procedures include:

- Screening Fecal Occult Blood Test (FOBT),
- Screening Flexible Sigmoidoscopy,
- Screening Colonoscopy, and
- Screening Barium Enema (as an alternative to a covered screening flexible sigmoidoscopy or screening colonoscopy).

Screening Fecal Occult Blood Test

Medicare provides coverage of an annual screening FOBT (i.e., at least 11 months have passed following the month in which the last Medicare-covered screening FOBT was performed) for beneficiaries age 50 and older. This screening requires a written order from the beneficiary's attending physician. Medicare may make payment for an immunoassay-based FOBT as an alternative to the guaiac-based fecal occult blood test. However, Medicare will only provide coverage for one FOBT per year, not both.

Screening Flexible Sigmoidoscopy

Medicare provides coverage of a screening flexible sigmoidoscopy for beneficiaries age 50 or older. A doctor of medicine or osteopathy, a PA, NP or CNS must perform the flexible sigmoidoscopy.

Beneficiaries at High Risk for Developing Colorectal Cancer

Medicare provides coverage of a screening flexible sigmoidoscopy once every 4 years (i.e., at least 47 months have passed following the month in which the last covered screening flexible sigmoidoscopy was performed) for beneficiaries at high risk for colorectal cancer.

Beneficiaries Not at High Risk for Developing Colorectal Cancer

Medicare provides coverage of a screening flexible sigmoidoscopy once every 4 years (i.e., at least 47 months have passed following the month in which the flexible sigmoidoscopy was performed) for beneficiaries age 50 and older unless the beneficiary does not meet the high risk criteria for developing colorectal cancer and the beneficiary has had a screening colonoscopy within the preceding 10 years, then Medicare will cover the next screening flexible sigmoidoscopy only after at least 119 months have passed following the month in which the last covered screening colonoscopy was performed.

SCREENING COLONOSCOPY

Medicare provides coverage of a screening colonoscopy for all beneficiaries without regard to age. A doctor of medicine or osteopathy must perform this screening.