

# Pap smears, pelvic exams, and breast exams

Pap smears can detect cervical or vaginal cancer in its early stages. They can also screen for sexually transmitted infections (STIs), fibroids, and various types of vaginal problems. The pelvic exam includes a breast examination, which can help detect signs of breast cancer.

## Eligibility

Medicare Part B covers a Pap smear, pelvic exam, and breast exam once every 24 months for all women. You may be eligible for these screenings every 12 months if:

- You are at high risk for cervical or vaginal cancer
- Or, you are of childbearing age and have had an abnormal Pap smear in the past 36 months

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

- You were sexually active before age 16
- You have had five or more sexual partners
- You have had a sexually transmitted infection
- Your mother was given the drug diethylstilbestrol (DES) during pregnancy
- You have received fewer than three negative Pap smear or no Pap smear within the past seven years

## Costs

If you qualify, Original Medicare covers Pap smears, pelvic exams, and breast exams at 100% of the Medicare-approved amount when you receive the service from a participating provider. This means you pay nothing (no deductible or coinsurance). Medicare Advantage Plans are required to cover these screenings

without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements for the service.

During the course of your screenings, your provider may discover and need to investigate or treat a new or existing problem. This additional care is considered diagnostic, meaning your provider is treating you because of certain symptoms or risk factors. Medicare may bill you for any diagnostic care you receive during a preventive visit.