



Screening Pap Tests & Pelvic Exams



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Important female preventive health care includes screening Pap tests and pelvic exams:

- A **screening Pap test (called a Pap smear)** is a lab test used to detect early cervical cancer. A health care provider takes a cervical cell sample and interprets the test results.
- A **screening pelvic exam** helps detect precancers, genital cancers, infections, Sexually Transmitted Infections (STIs), reproductive system abnormalities, and other genital and vaginal problems.

Note: **Human Papillomavirus (HPV) screening** is also a preventive service. The test detects the virus that causes cervical cancer and or warts. [Sections 210.2 and 210.2.1 of Medicare National Coverage Determinations Manual, Chapter 1, Part 4](#) has more information.

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- [Health Equity Technical Assistance Program](#)
- [Disparities Impact Statement](#)

Female Preventive Screenings

We cover Pap smears, pelvic exams, STI, and HPV screenings. They're similar services, but separate benefits.

Coverage Information

Medicare Part B covers all female patient screening Pap tests and pelvic exams (including clinical breast exams) when ordered and performed by 1 of these medical professionals authorized under state law:

- Doctor of medicine or osteopathy
- Certified nurse-midwife
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist

Part B covers an HPV screening with a Pap test once every 5 years for all female patients ages 30–65.



Coverage Frequency

Table 1 describes how often Part B covers screening Pap tests, pelvic exams, and HPV screening.

Table 1. Medicare-Covered Screening Pap Tests, Pelvic Exams, & HPV Screening

How Often	Covered for	Additional Information
Every 24 months (at least 23 months after the most recent screening Pap test or pelvic exam)	Any asymptomatic female patient	N/A
Annually (at least 11 months after the most recent screening Pap test or pelvic exam)	A female patient who meets 1 of these criteria: <ul style="list-style-type: none"> Evidence (based on her medical history or other findings) that she's at high risk for developing cervical or vaginal cancer and her physician (or authorized practitioner) recommends she have the test more frequently than every 2 years Woman of childbearing age* who had a screening pelvic exam or Pap test during any of the previous 3 years indicating the presence of cervical or vaginal cancer or other abnormality 	High risk factors for cervical and vaginal cancer are: <ul style="list-style-type: none"> Early onset of sexual activity (under 16 years old) Multiple sexual partners (5 or more in a lifetime) History of STI (including Human Immunodeficiency Virus [HIV] infection) Fewer than 3 negative Pap tests or no Pap tests within the previous 7 years Diethylstilbestrol (DES) — exposed daughters of women who took DES during pregnancy
HPV Screening: Once every 5 years (at least 4 years and 11 months [59 months total] after the most recent HPV screening)	Any asymptomatic female patient ages 30–65 years when done with a Pap test	Refer to Cervical Cancer Screening with HPV Test service in the Medicare Preventive Services educational tool

* Premenopausal woman of childbearing age and a physician or qualified practitioner determines childbearing age based on medical history or other findings.

Coinsurance or Copayment & Deductible

We waive pap test, pelvic exam, and HPV screening coinsurance or copayment and Part B deductible if the service meets all coverage conditions. However, a charge could apply if the patient sees a non-participating provider.