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MEDICARE NEWS

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MEDICARE EXPANDS PREVENTIVE SERVICES

Beginning July 1, people with Medicare will receive expanded coverage for screening tests for breast, cervical and colorectal cancers. And starting on January 1, 2002, Medicare will cover an annual glaucoma screening test and medical nutrition therapy by registered dietitians for people with diabetes and a renal disease.

The extended coverage results from the Beneficiary Improvements and Protections Act (BIPA) enacted by Congress in December, 2000. The legislation calls for The Centers for Medicare & Medicaid Services (CMS), formerly known as the Health Care Financing Administration, to phase in specific coverage for certain tests and therapies that can detect diseases early, when they are most easily treated or cured.

"Medicare must play a leading role in preventing, containing, or slowing illness," said HHS Secretary Tommy G. Thompson. "By increasing preventive services we can help save lives. We know that as women get older their risk of getting breast cancer increases. As both men and women get older their risk of colorectal cancer increases. By expanding preventive services we are starting to change how Medicare helps beneficiaries think about their health care choices. We want to encourage beneficiaries to act before they get sick, to feel comfortable about asking their health care professionals for screening exams that can detect disease early."

CMS is working closely with the National Cancer Institute of the National Institutes for Health, the Centers for Disease Control and Prevention and other agencies within Health and Human Services to raise awareness of expanded coverage for preventive services among people with Medicare and their health care providers.

THE NEW PREVENTIVE SERVICES INCLUDE THE FOLLOWING:

- * Effective July 1, 2001, a Pap test and pelvic exam every two years instead of every three for women not at high risk for uterine or vaginal cancers. (Medicare covers these tests annually for women at high risk.)
- * Effective July 1, 2001, a screening colonoscopy every 10 years for people not at high risk for colorectal cancer. (Medicare covers this test every two years for people at high risk.)
- * Effective January 1, 2002, an annual glaucoma screening for people at high risk, a family history of the disease, or with diabetes.

* Effective January 1, 2002, medical nutrition therapy by registered dietitians or other qualified nutrition professionals for people with diabetes, chronic renal disease and post-transplant patients.

OTHER PREVENTIVE SERVICES NOW COVERED BY MEDICARE INCLUDE:

- * Four types of colorectal cancer screening tests including a yearly take-home fecal-occult blood test; a flexible sigmoidoscopy every four years; a colonoscopy every two years for high risk individuals, or a barium enema as an alternative to the colonoscopy or sigmoidoscopy.
- * A baseline mammogram for women with Medicare aged 35 to 39. An annual mammogram for women with Medicare aged 40 and older.
- * Bone mass measurements for people at risk for osteoporosis.
- * Prostate cancer screening exams for men with Medicare aged 50 and older. These exams include a digital rectal exam and a Prostate Specific Antigen (PSA) test annually.
- * A flu shot each season.
- * A pneumonia shot if needed.
- * A hepatitis B shot for people with medium to high risk for hepatitis.

By law, most of these preventive services require about a 20 percent co-pay of a Medicare-approved amount. Some, like the annual flu shot, and pneumonia shot when necessary, are free when given by doctors who accept Medicare assignment. A chart with specific benefits and payment information is attached.

The expansion of preventive services augments the original vision of the Medicare program, established 36 years ago to provide acute health care for people in inpatient settings. Medicare has given the elderly access to high quality medical care and protection from the devastating cost of illness. In 1973, Medicare began covering people with disabilities. In aggregate over the past 36 years Medicare has provided health care coverage to more than 93 million elderly and people with disabilities.

Currently, about 5.6 million Medicare beneficiaries, out of a total of nearly 40 million people with Medicare, have chosen to enroll in Medicare HMOs, called Medicare+Choice organizations. Original fee-for-service Medicare, chosen by more than 34 million beneficiaries, is available to most people 65 and older.

For more information on preventive services covered by Medicare, visit the Medicare Web site at www.medicare.gov. Or call toll-free, 1-800-MEDICARE (1-800-633-4227). The TTY/TDD number is 1-877-486-2048. The information is also contained in the Medicare & You handbook, which will be mailed to all homes of people with Medicare this fall.

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