

Common Medicare Services at Madison Women’s Health 2018

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| Service | How often Medicare covers | Criteria | Patient Financial Responsibility | What to expect at the exam |
| Screening Pelvic Exam  (Medicare code G0101) | Every 2 years | Not high risk | None *Cost if not covered: $203* | Basic pelvic exam, including digital rectal exam, exam of the vagina, urethra, bladder, cervix and uterus. A clinical breast exam is not a mandatory exam, but will generally be done. |
| Annually | High risk |
| Screening Pap Smear  (Medicare code Q0091) | Every 2 years | Not high risk | None  *Cost if not covered: $126* | Collection of the pap smear and sending to lab for interpretation |
| Annually | High risk |
| Well-Woman Exam  “Annual Exam”  (CPT code 99387/99397) | Never | None | Full amount of charge  *Current charge: $512 (new patient)*  *$389 (established patient)* | Check of vital signs, a complete history and physical, discusses risk-factor reduction, and orders appropriate immunizations and/or labs. If the screening pelvic exam and/or pap smear are done as part of this exam, these items will be “carved out” and paid if eligible (based on frequency). |
| Colorectal Cancer Screening  (Medicare code G0328) | Annually | None | None | Completion of a fecal occult stool test (immunoassay). |