

## Medicare-Covered Preventive Screenings\* for Non-Pregnant Adult Beneficiaries, Compared to US Preventive Services Task Force (USPSTF) Recommendations\*, May 2017

Note: where Medicare coverage differs substantially from USPSTF recommendations, **USPSTF recommendations are noted in yellow**

Screening	Medicare Coverage/USPSTF Recommendation	Frequency
<b>Abdominal aortic aneurysm (AAA) screening</b>	Medicare: for certain risk factors	Once in lifetime
	USPSTF: men aged 65-75 who have ever smoked	
<b>Alcohol misuse screening</b>	Medicare: for all	Annual
<b>Bone mass measurement (Osteoporosis screening)</b>	Medicare: women who are estrogen-deficient and at risk for osteoporosis, or individuals who have vertebral abnormalities, who are (or will be) receiving glucocorticoids for more than 3 months, who have 1° hyperparathyroidism, or as f/u to osteoporosis therapy	Every 2 years , more frequently if medically necessary
	USPSTF: routine screening only for women $\geq 65$ , or younger women whose risk is greater than or equal to that of a 65 year old woman	Optimum interval unknown
<b>Breast Cancer screening (mammography)</b>	Medicare: women $\geq 35$ years old	Aged 35 – 39: one baseline Aged 40 and older: annual
	USPSTF: routine for women aged 50-74; consider in women ages 40-49	Biennial
<b>Cardiovascular screening blood tests (lipid panel)</b>	Medicare: All without apparent signs/symptoms of CVD	Every 5 years
	<b>Prior</b> USPTF (no current screening rec): Men aged $\geq 35$ and men 20-35 with increased CVD risk; women aged $\geq 20$ with $\uparrow$ CVD risk	Every 5 years, shorter interval for those at risk or needing monitoring
<b>Cervical cancer screening (Pap and/or HPV test)</b>	Medicare: Pap - all women HPV test - women aged 30 – 65 years old	Pap: high risk annually, nl risk every two years HPV test: every 5 years
	USPSTF: Pap smears for women 21 - 65; recommends against any routine screening in low risk women over age 65. HPV: can be used to extend Pap smear frequency to every 5 years for women 30-65	Pap: every 3 yrs for women ages 21-30, and every 3 years (pap only) or 5 years (pap + HPV test) for ages 30 – 65 HPV: every 5 years (for 30-65 year olds)
<b>Colorectal cancer screening</b> Medicare options include: Fecal Occult Blood Test (FOBT), Stool DNA (sDNA), flexible sigmoidoscopy, barium enema (BE), or colonoscopy	Medicare: All aged $\geq 50$ , or less than 50 years old and high risk for colon cancer (Note: sDNA is only for <b>average risk, ages 50-85</b> )	FOBT: annual sDNA: every 3 years (average risk only) Flexible sigmoidoscopy or BE: every 4 years Colonoscopy: ave. risk q10 yrs; high risk q2 yrs
	USPSTF: all aged 50-75; same options as covered by Medicare, except it included fecal immunochemical test (FIT ) and excluded BE from its analysis	FOBT and sDNA: same as above FIT: every year, Flex sigmoidoscopy: every 5 years Colonoscopy: every 10 years

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<b>Depression screening</b>	Medicare: All	Annual
<b>Diabetes screening</b>	Medicare: those with certain risk factors for diabetes or diagnosed with pre-diabetes	Pre-diabetics: twice a year Non-diabetics: once a year
	USPSTF: adults aged 40 to 70 years who are overweight or obese; consider screening earlier in persons with risk factors	Every 3 years
<b>Glaucoma screening</b>	Medicare: persons with diabetes or family history of glaucoma, African Americans aged $\geq 50$ , Hispanic Americans aged $\geq 65$	Annual
	USPSTF concludes that the current evidence is insufficient to recommend screening for glaucoma in adults	Insufficient evidence to recommend
<b>HCV screening</b>	Medicare: all those born between 1945 – 1965 and those at high risk	Annually for high risk, once for those born between 1945 – 1965 not at high risk
	USPSTF: same as above	Evidence insufficient to recommend screening interval for high risk
<b>HIV screening</b>	Medicare: all at increased risk of HIV, or by request	Annual
	USPSTF: at least one test for all aged 15-65, regardless of risk; also older adults at risk	Evidence insufficient to recommend screening intervals for those at increased risk; suggests annual for very high risk and every 3-5 years for increased risk
<b>Lung cancer screening</b> (low dose CT scan)	Medicare: Age 55-77 years with at least 30 pack-year smoking history, currently smoking or quit less than 15 years ago	Annual (must receive counseling and shared decision making visit prior to first time)
<b>Prostate cancer screening</b> (Prostate Specific Antigen, or "PSA")	Medicare: all males aged $\geq 50$	Annual
	USPSTF: recommendation under review; see website below for most recent recommendation	
<b>Sexually Transmitted Infection (STI) screening</b> (Syphilis, gonorrhea [GC] and <i>Chlamydia trachomatis</i> [CT])	Medicare: Sexually active adults at increased risk for STIs	Syphilis: men and women annually GC and CT: women annually
	USPSTF: Syphilis: screen those at increased risk GC and CT: women $\leq 24$ years old and older women at increased risk	Syphilis: optimum screening frequency unknown; highest risk may benefit from more frequent screening (e.g. every 3 months instead of annually) GC/CT: screen women if sexual history reveals new or persistent risk factors since the last negative test.

\* See the full USPSTF recommendations at <http://www.uspreventiveservicestaskforce.org/recommendations.htm> and for more information on Medicare-covered services, see interactive table on website <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>