

# Medicare Part B

## What's New for 2007

### Smoking Cessation

(Counseling to stop smoking)

Provided at any provider site if ordered by your doctor. It includes up to eight face-to-face visits during a 12-month period if you are diagnosed with a smoking related illness or are taking medication that may be affected by tobacco.

### Ultrasound screening

for abdominal aortic aneurysms - if screened by doctor at "Welcome to Medicare" exam.

### Remember: "Welcome to Medicare"

#### Physical Examination

This is a one time only physical examination within the first six months of Part B enrollment on or after January 1, 2005. It includes measurement of height, weight, and blood pressure, an EKG, education, and counseling.

Just a Reminder!

For information about

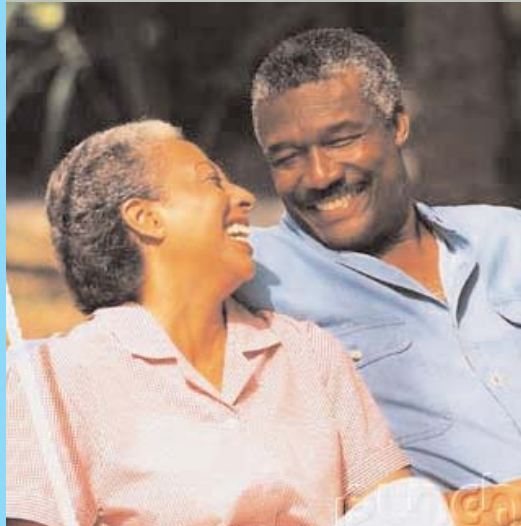
Service *in the* neighborhood

Please call

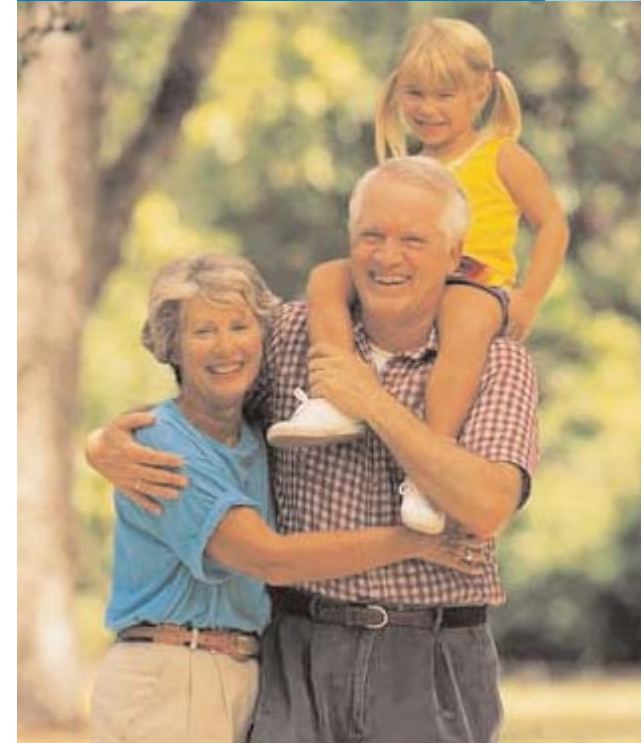
**1-800-382-4548**

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Medicare  
Preventive Services



**BlueCross BlueShield  
of Texas**

Service *in the* neighborhood

# Medicare Preventive Services

Covered Services	Who is Covered	What you Pay
<p><b>Bone Mass Measurements</b> Varies with your health status</p>	Certain people with Medicare who are at risk for losing bone mass	20% of the Medicare approved amount (or a set copayment amount) after the yearly Part B deductible.
<p><b>Colorectal Cancer Screening</b></p> <ul style="list-style-type: none"> <li>• <b>Fecal Occult Blood Test</b> - One/12 months</li> <li>• <b>Flexible Sigmoidoscopy</b> - One/48 months</li> <li>• <b>Colonoscopy</b> - One/24 months if you are high risk for colon cancer; one/10 years but not within 48 months of a screening sigmoidoscopy if you are not at high risk for colon cancer.</li> <li>• <b>Barium Enema</b> - Doctor can decide to use instead of sigmoidoscopy or colonoscopy.</li> </ul>	All people with Medicare age 50 or older. However, there is no minimum age for having a colonoscopy and no deductible starting January 1, 2007.	<p>Nothing for the fecal occult blood test. For all other tests, 20% of the Medicare-approved amount after the yearly Part B deductible.</p> <p>For flexible sigmoidoscopy or colonoscopy, you pay 25% of the Medicare-approved amount if the test is done in an ambulatory surgical center or hospital outpatient department.</p>
<p><b>Diabetes Services and Screenings</b></p> <ul style="list-style-type: none"> <li>• Coverage for glucose monitors, test strips and lancets.</li> <li>• Diabetes self-management training.</li> <li>• Diabetes screenings include fasting blood glucose test</li> </ul>	<ul style="list-style-type: none"> <li>• All people with Medicare who have diabetes (insulin users and non-users)</li> <li>• If requested by your doctor or other provider and you are at risk for complications from diabetes.</li> <li>• For people at risk</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of the Medicare-approved amount after the yearly Part B deductible.</li> <li>• 20% of the the Medicare-approved amount after the yearly Part B deductible.</li> <li>• No deductible or co-insurance in original Medicare</li> </ul>
<p><b>Mammogram Screening</b> One/12 months. Medicare also covers new digital technologies for mammogram screenings.</p>	All women with Medicare age 40 and older. You can also get one baseline mammogram between ages 35 and 39.	20% of the Medicare-approved amount with no Part B deductible.
<p><b>Pap Smear and Pelvic Examination</b> (Includes a clinical breast exam) Pap smear and pelvic examinations are covered one/24 months. One/12 months if you are at high risk for cervical or vaginal cancer, or if you are of childbearing age and have an abnormal Pap smear in the preceding 36 months</p>	All women with Medicare.	Nothing for the Pap smear lab test. For Pap smear collection and pelvic and breast exams, 20% of the Medicare-approved amount (or a set copayment amount) with no Part B deductible.
<p><b>Prostate Cancer Screenings</b></p> <ul style="list-style-type: none"> <li>• <b>Digital Rectal Examination</b> - One/12 months.</li> <li>• <b>Prostate Specific Antigen (PSA Test)</b> - One/12 months.</li> </ul>	All men with Medicare age 50 and older.	Generally, 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. No coinsurance and no Part B deductible for the PSA Test.
<p><b>Shot (vaccinations)</b></p> <ul style="list-style-type: none"> <li>• <b>Flu Shot</b> - Once a year in the fall or winter.</li> <li>• <b>Pneumococcal Pneumonia Shot</b> - One shot may be all you will ever need. Ask your doctor</li> <li>• <b>Hepatitis B Shot</b> - If you are at medium to high risk for hepatitis.</li> </ul>	All people with Medicare.	Nothing for flu and pneumococcal pneumonia shots if the health care provider accepts assignment. For Hepatitis B shots, 20% of the Medicare-approved amount (or set copayment amount) after the yearly Part B deductible.
<p><b>Glaucoma Screening</b> One/12 months. Must be done or supervised by an eye doctor who is legally allowed to do this service in your state.</p>	People at high risk for glaucoma, including people with diabetes or a history of glaucoma.	20% of the Medicare-approved amount after the yearly Part B deductible.
<p><b>Cardiovascular Screening</b> Tests for cholesterol, lipid and triglyceride levels - Every 5 years.</p>	People at risk as determined by your doctor.	You pay \$0 if the doctor or health care provider accepts assignment.