

Frequency

Table 1 describes how often Medicare Part B covers screening Pap tests and pelvic examinations.

Frequency	Covered For	Additional Information
Every 24 months (that is, at least 23 months after the most recent screening Pap test or pelvic examination)	All asymptomatic female beneficiaries	N/A
Annually (that is, at least 11 months after the most recent screening Pap test or pelvic examination)	Female beneficiaries who meet one of the following criteria: <ul style="list-style-type: none"> ▪ Evidence (on the basis of her medical history or other findings) that she is at high risk for developing cervical or vaginal cancer and her physician (or authorized practitioner) recommends that she have the test more frequently than every 2 years ▪ A woman of childbearing age* who has had a Pap test during any of the preceding 3 years that indicated the presence of cervical or vaginal cancer or other abnormality 	High risk factors for cervical and vaginal cancer include: <ul style="list-style-type: none"> ▪ Early onset of sexual activity (under 16 years of age) ▪ Multiple sexual partners (five or more in a lifetime) ▪ History of STI (including human immunodeficiency virus [HIV] infection) ▪ Fewer than three negative Pap tests or no Pap tests within the previous 7 years ▪ DES (diethylstilbestrol)-exposed daughters of women who took DES during pregnancy

* A “woman of childbearing age” is one who is premenopausal and determined by a physician or qualified practitioner to be of childbearing age based on medical history or other findings.