

A P P E N D I X

A

**Preventive services
and Medicare**



Preventive services and Medicare

The original Medicare benefit package limited coverage to acute care services. Adding preventive services requires a change in the Medicare statute (unlike adding coverage for new technologies for the diagnosis or treatment of disease, which can be evaluated either by local carriers or through the national Medicare coverage determination process). In 1980, the pneumococcal pneumonia vaccine became the first preventive service added to Medicare's benefit package. The Balanced Budget Act of 1997 enacted the largest expansion of preventive benefits, adding or expanding coverage for diabetes management as well as screening for osteoporosis and for prostate, colorectal, cervical, and breast cancer. For some preventive services, Congress has chosen to waive the deductible and coinsurance requirements normally applicable to benefits; for others it has not.

Although the hearings and deliberations that have led to the introduction of new preventive benefits drew upon expert scientific advice, the process has been essentially *ad hoc*, and the resulting set of benefits does not reflect the current consensus of experts in the field of prevention and health promotion. The differences are illustrated by comparing the preventive services Medicare covers with the recommendations of the U.S. Preventive Services Task Force (USPSTF).

The task force is an independent panel of private-sector experts in primary care and prevention convened by the U.S. Public Health Service to systematically review evidence regarding the effectiveness of clinical preventive services. The group has issued recommendations on preventive interventions, many of which

are being updated. Some of the group's recommendations concur with Medicare coverage, while others diverge. Influenza vaccine and pneumococcal pneumonia vaccine are both recommended by the USPSTF and covered by Medicare. However, prostate-specific antigen tests, which screen for markers related to prostate cancer, and bone density tests, which can indicate osteoporosis, are not recommended by the group, although both are covered by Medicare. Further, the task force recommends other preventive services that Medicare does not cover, such as counseling regarding diet and exercise.

Table A-1 (next page) provides information comparing the preventive services recommended by the USPSTF to those covered by Medicare and to coverage offered in employer-sponsored health plans.

**TABLE
A-1**

Recommended coverage and Medicare coverage of clinical preventive services

Service	USPSTF recommendation for the 65+ population	Medicare coverage and date implemented	Percent of employers providing coverage, 1997
Screening			
Cervical cancer screening by Pap smear and pelvic exam	Pap smear	Pap smear–1990 Pelvic exam–1998	89% (Pap smear)
Breast cancer screening by mammography	Yes	1991	91
Colorectal cancer screening by fecal occult blood test, sigmoidoscopy, screening barium enema, colonoscopy	Fecal occult blood test and/or sigmoidoscopy	Fecal occult blood test, sigmoidoscopy, screening barium enema, colonoscopy–1998	72
Osteoporosis screening by bone densitometry	Not recommended	1998	Data unavailable
Prostate cancer screening by prostate-specific antigen (PSA) and digital rectal exam	Not recommended	2000	76 (PSA only)
Glaucoma screening	No recommendation	2002	Data unavailable
Skin cancer screening	No recommendation	No	64
Cholesterol measurement	Yes	No	60
Periodic physical exams	Blood pressure, height and weight	No	89
Periodic gynecological exams	No recommendation	No	92
Assess for hearing impairment	Yes	No	Data unavailable
Mantoux test for tuberculosis	For high-risk populations, including those in long-term care facilities	No	Data unavailable
Counseling			
Substance use, diet and exercise, injury prevention, dental health	Yes	No	22 to 35 (varies by type of counseling)
Diabetes self-management training	No recommendation	1998	35
Nutritional therapy services for beneficiaries with diabetes or end-stage renal disease	No recommendation	2002	Data unavailable

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**TABLE
A-1**

Recommended coverage and Medicare coverage of clinical preventive services

Service	USPSTF recommendation for the 65+ population	Medicare coverage and date implemented	Percent of employers providing coverage, 1997
Immunizations			
Pneumococcal pneumonia vaccine	Yes	1981	41%
Hepatitis B vaccine	No recommendation	1984	Data unavailable
Influenza vaccine	Yes	1993	57
Tetanus-diphtheria boosters	Yes	No	Data unavailable
Chemoprophylaxis			
Discuss hormone prophylaxis (women)	Yes	No	Data unavailable
Discuss use of aspirin to prevent coronary heart disease with patients at increased risk	Yes	No	Data unavailable

Note: USPSTF (United States Preventive Services Task Force).

Sources: Medicare coverage: Institute of Medicine 2000, CCH Inc. 2001.
 USPSTF recommendations: USPSTF 1996, USPSTF 2002.
 Private sector coverage: Mercer 1997.

References

CCH Inc. 2001 Medicare explained. Chicago (IL), CCH Inc. 2001.

Institute of Medicine. Extending Medicare coverage for preventive and other services. Washington (DC), National Academy Press. 2000.

Mercer WM, Partnership for Prevention. Why invest in prevention? Survey of employer-sponsored health plans. New York (NY), William M. Mercer, Inc. 1997.

U.S. Preventive Services Task Force. Guide to clinical preventive services, 2d ed. Washington (DC), U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Disease Prevention and Health Promotion. 1996.

U.S. Preventive Services Task Force. Guide to clinical preventive services, 3d ed. Washington (DC), U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Disease Prevention and Health Promotion. 2002.
Available at: <http://www.ahrq.gov/clinic/cps3dix.htm>; last accessed May 13, 2002.