Learning What Medicare Covers and How Much You Pay

If you’re enrolled in Original Medicare, finding out if Medicare will cover a service or supply that you need isn’t always easy. Generally, Medicare covers services (such as lab tests, surgeries, and doctor visits) and supplies (like wheelchairs and walkers) that Medicare considers “medically necessary” to treat a disease or condition.

What Medicare covers may be based on several factors, such as:

- Federal laws describing Medicare benefits, or State laws that tell what services a particular type of practitioner is licensed to provide.
- National coverage decisions made by Medicare about whether a particular item or service is covered nationally under Medicare’s rules.
- Local coverage decisions made by local companies in each state that process claims for Medicare. These companies decide whether an item or service is medically necessary and should be covered in that area under Medicare’s rules.

There may be other coverage rules and policies that also apply. Some services may only be covered when provided in certain settings or covered for patients with certain conditions. For example, some surgeries, such as organ transplants, can only be done in certain approved hospitals.

If you’re in a Medicare Advantage Plan or Other Medicare Plan, you may have different rules, but your plan must give you at least the same coverage as Original Medicare.
Where can I learn more about what Medicare covers?

1. Talk to your doctor or other health care provider about why you need the service or supply and ask whether he or she thinks Medicare will cover it. Your doctor or provider knows more than anyone about your individual medical needs.

2. Check your “Medicare & You” handbook mailed to you each fall. Your handbook has the following information:
   - To view or download this booklet, visit http://go.usa.gov/iDJ. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
   - A general list of services covered by Medicare Part A (Hospital Insurance), such as inpatient hospital stays, home health services, hospice care, and care in a skilled nursing facility.
   - A general list of services covered by Medicare Part B (Medical Insurance), including preventive services, lab tests, X-rays, doctor services, and more.
   - Information on getting Medicare benefits through private health plans (Part C) and Medicare prescription drug coverage under Part D.
   - General information on coinsurance and copayment amounts.
   - Yearly deductibles for Part A and Part B services, and other costs under Part C and Part D.

3. Call 1-800-MEDICARE to see if they have information on any related local or national coverage policies.

If there is a service or supply that Medicare usually covers that your doctor, health care provider, or supplier thinks Medicare won’t cover in your specific case, he or she must give you a Medicare notice, such as an Advance Beneficiary Notice of Non coverage, and ask you to sign it. Read this notice carefully to understand your options and payment responsibilities. You’ll be asked if you want to get the items or services listed on the notice and you will have to pay for them if Medicare doesn’t. For more information, read the booklet “Your Medicare Rights and Protections” by visiting http://go.usa.gov/low.

Note: The type of notice you receive depends on the health care setting and services you are getting.
I’m having surgery, how do I find out how much I’ll have to pay?

For surgeries or procedures, it may be difficult to know the exact costs in advance because no one can tell you with certainty the amount or type of services you will need. For example, if you experience complications during surgery, your costs could be higher.

If you’re having surgery or a procedure, there are some things you can do in advance to determine approximately what your share of the cost may be:

• Ask the doctor or health care provider if they can tell you how much the surgery or procedure will cost and how much you’ll have to pay. Learn how Medicare covers inpatient versus outpatient hospital services. Visit http://go.usa.gov/im9 to view or print the publication, “Are You a Hospital Inpatient or Outpatient? If you have Medicare—Ask!” You can also call 1-800-MEDICARE (1-800-633-4227) for a free copy. TTY users should call (1-877-486-2048).

• Look at your last Medicare Summary Notice to see if you met the deductible for Part A (Hospital Insurance) if you expect to be admitted to the hospital, or the deductible for Part B (Medical Insurance) for a doctor’s visit and other outpatient care. You will need to pay the deductible amounts before Medicare will start to pay. After Medicare starts to pay, you may have copayments for the care you get.

• Check with any other insurance you may have such as Medigap (Medicare Supplement Insurance), Medicaid, or an employer retiree insurance plan, to see what they will pay. If you belong to a Medicare Health Plan, contact the plan for more information.

• Call the hospital or facility and ask them to tell you the copayment for the specific surgery or procedure the doctor is planning. It’s important to remember that if you need other unexpected services, your costs may be higher.

• Ask your doctor, surgeon, or other health care provider, or their staff what kind of care or services you may need after your surgery or procedure and how much you’ll have to pay.
How can I keep my costs down?

- Make sure that your Medicare card is valid and that you have paid your Medicare Part B premium.

- Ask your doctor, other health care provider, or supplier if they accept assignment. Assignment means your doctor, provider, or supplier has signed an agreement with Medicare (or is required by law) to accept the Medicare-approved amount as full payment for covered services. This can help keep your costs down.

- If you have limited income and resources, you might qualify for extra help to pay for some of your health care and prescription drug costs. Check your “Medicare & You” handbook, or read the publication “Programs that Can Help You Pay Your Medical Expenses” by visiting http://go.usa.gov/3AE.

Ask questions!

Your doctor or other health care provider is a great resource. Ask them to explain why you’re getting certain services or supplies and if they think Medicare will cover them.

For more information

For general information on what Medicare covers, visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.