Medicare Part B Covered Charges

Description

Medicare Part B is the medical insurance part of Medicare. Medicare Part B covered charges fall into two categories:



1) Medically necessary services or supplies necessary for the diagnosis or treatment of a health condition. However, these services/supplies must meet certain guidelines or standards prior to acceptance. They are not free of charge â?? a 20% coinsurance applies (if you have only Medicare and no Medigap plan). A deductible also applies unless otherwise indicated. These covered services and supplies include the following:

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Â· ambulance services

Â· ambulatory surgical centers

Â· blood

Â· diabetes supplies

Â· diagnostic tests (X-rays, MRIs, EKGs, etc.)

Â· durable medical equipment

Â· emergency room services (additional copayments may apply for separate services)

Â· home health services (if individual is not covered by Part A)

Â· kidney dialysis services and supplies

Â· prosthetic or orthotic items

Â· occupational therapy

Â· outpatient hospital services (co-payments m apply separately per service)

Â· outpatient medical and surgical services and supplies (copayments may apply separately per service)

Â· physical therapy

Â· physician, physician assistant, and nurse practitioner services

Â· speech-language pathology services

Â· corneal transplants

Â· physicianâ??s services and other fees pertaining to organ transplants

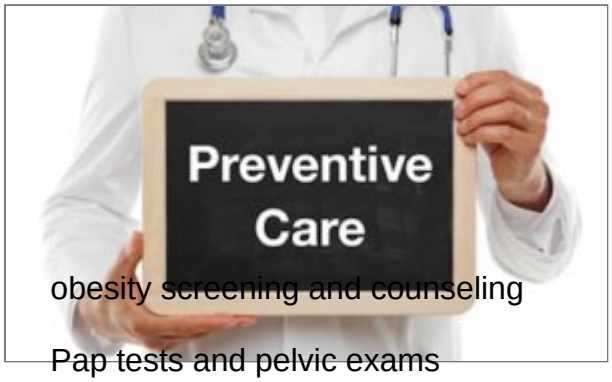
The following medically necessary services are covered by Medicare Part B, but with other than a 20 percent coinsurance requirement:

- **mental health services**â??For diagnosis or physician-monitoring visits, the Medicare beneficiary pays 20 percent coinsurance and the Part B deductible applies. For outpatient psychiatric services, the Medicare beneficiary pays 20 percent. If services are provided in a hospital clinic or hospital outpatient setting, a higher copayment might be applicable. A copayment is not applied to

yearly depression screening wellness visits, provided the physician accepts assignment.

- **clinical laboratory services**â??Urinalysis and certain blood and screening tests are provided to the Medicare beneficiary at no cost

2) Preventive Services â?? below are some of the most common preventive services that are covered under Part B, at no charge. In addition, no deductible applies and there is no coinsurance payment, provided the healthcareprovider accepts assignment. **Assignment** means that your physician, other healthcare provider, or supplier agrees (or is required by law) to accept the Medicare-approved amount as payment in full for all covered services.



Â· abdominal aortic aneurysm screening

Â· alcohol misuse screening and counseling

Â· bone mass measurement

Â· cardiovascular disease screenings and behavioral therapy

Â· colorectal cancer screenings

Â· diabetes screenings and self-management training

Â· flu shots

Â· glaucoma tests

Â· hepatitis B shots

Â· HIV screening

Â· mammograms

Â· medical nutrition therapy services

Â· obesity screening and counseling

Â· Pap tests and pelvic exams

Â· pneumococcal shot

Â· prostate cancer screenings (a deductible coinsurance apply to digital rectal exams, but not PSA test)

Â· sexually transmitted disease screening an counseling

Â· smoking cessation counseling (a deductib coinsurance apply only if a patient has been diag with an illness related to tobacco use)

Â· a one-time â??Welcome to Medicareâ?• physical exam

Â· a yearly wellness exam, starting 12 month the â??Welcome to Medicareâ?• exam

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MEDICARE PART B COSTS

The costs for Medicare Part B comprises a monthly premium and a yearly deductible ($183/year for 2018). The monthly premium amount can vary depending upon your situation:

- For 2018, if any of the following circumstances applies to you, youâ??ll generally pay $134 for your Part B premium:
  - You enroll in Part B for the first time in 2018.
  - You arenâ??t receiving Social Security or Railroad Retirement Board benefits.
  - Youâ??re billed directly for your Part B premium.

    - You have both Medicare and Medicaid coverage, and Medicaid pays for your monthly premiums.
- If you are already receiving Social Security benefits, your Part B premium may be an average of $130.

Please be aware that if your annual income exceeds a certain level, you may have to pay a higher premium, based on your previous tax return from two years ago. Further, if you have not signed up for Medicare Part B when you were first eligible, you will have to pay a late-enrollment penalty. This will no doubt increase your premium. That said, there are circumstances under which you may be eligible for a Special Enrollment Period. For more information you may call Medicare at 1-800-633-4227 or go to www.medicare.gov and put in the search box â??Special Enrollment Period.â?•



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1. Going on Medicare
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