Part B-Covered Services

There are two kinds of Part B-covered services:

Medically-necessary services—Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice.

Preventive services—Health care to prevent illness or detect it at an early stage, when treatment is most likely to work best (for example, Pap tests, flu shots, and colorectal cancer screenings).

Use the chart on page 40 to talk to your doctor or other health care provider about Medicare's preventive services and ask which services you need.

You will see this symbol next to the preventive services on the following pages.

Pages 26–38 include an alphabetical list of common services that Medicare Part B covers. To find out if Medicare covers a service not on this list, visit www.medicare.gov, and select "Find Out What Medicare Covers," or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What You Pay

Blue words in the text are defined on pages 115–118.

Costs for Part B services depend on whether you have Original Medicare or are in a Medicare health plan. The charts on the following pages give general information about what you must pay if you have Original Medicare. For some services, there are no costs, but you may have to pay for the doctor's visit. If the Part B deductible applies, you must pay all costs until you meet the yearly Part B deductible before Medicare begins to pay its share. See page 121 for the Part B deductible amount. Then, after your deductible is met, you typically pay 20% of the Medicare-approved amount of the service. You can save money if you choose doctors or providers who accept assignment. See page 47. You also may be able to save money on your Medicare costs if you have limited income and resources. See pages 78–84.

If you join a Medicare Advantage Plan (like an HMO or PPO) or have other insurance (like a Medigap policy, or employer or union coverage), your costs may be different. Contact the plans you are interested in to find out about the costs.

Part B-Covered Services

Abdominal Aortic Aneurysm Screening	A one-time screening ultrasound for people at risk. Medicare only covers this screening if you get a referral for it as a result of your one-time "Welcome to Medicare" physical exam. See "Physical Exam." You pay 20% of the Medicare-approved amount.
Ambulance Services	Emergency ground transportation when you need to be transported to a hospital or skilled nursing facility for medically-necessary services, and transportation in any other vehicle could endanger your health. Medicare will pay for transportation in an airplane or helicopter if you require immediate and rapid ambulance transportation that ground transportation can't provide. In some cases, Medicare may pay for limited non-emergency transportation if you have orders from your doctor. Medicare will only cover services to the nearest appropriate medical facility that is able to give you the care you need. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Ambulatory Surgical Centers	Facility fees for approved surgical procedures provided in an Ambulatory Surgical Center (facility where surgical procedures are performed, and the patient is released within 24 hours). You pay 20% of the Medicare-approved amount (except for screening flexible sigmoidoscopies and screening colonoscopies, for which you pay 25%), and the Part B deductible applies. You pay all facility charges for procedures Medicare doesn't allow in ambulatory surgical centers.
Blood	In most cases, the provider gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. However, you will pay a copayment for the blood processing and handling services for every unit of blood you get, and the Part B deductible applies. If the provider has to buy blood for you, you must either pay the provider costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else. You pay a copayment for additional units of blood you get as an outpatient (after the first 3), and the Part B deductible applies.

Part B deductible and coinsurance amounts are on page 121.

Part B-Covered Services

Bone Mass Measurement (Bone Density)	Helps to see if you are at risk for broken bones. This service is covered once every 24 months (more often if medically necessary) for people who have certain medical conditions or meet certain criteria. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Cardiovascular Screenings	Helps detect conditions that may lead to a heart attack or stroke. This service is covered every 5 years to test your cholesterol, lipid, and triglyceride levels. No cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit.
Chiropractic Services (limited)	Helps correct a subluxation (when one or more of the bones of your spine move out of position) using manipulation of the spine. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Clinical Laboratory Services	Includes certain blood tests, urinalysis, some screening tests, and more. No cost to you.
Clinical Research Studies	Clinical research studies test different types of medical care, like how well a cancer drug works. They help doctors and researchers see if the new care works and if it's safe. Medicare covers some costs, like doctor visits and tests, in qualifying clinical research studies. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Part B deductible and coinsurance amounts are on page 121.

Medicare may cover some services and tests more often than the timeframes listed if needed to diagnose a condition.

Part B-Covered Services

Colorectal Cancer Screenings	To help find precancerous growths and help prevent or find cancer early, when treatment is most effective. One or more of the following tests may be covered. Talk to your doctor. ▪ Fecal Occult Blood Test—Once every 12 months if age 50 or older. No cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit. ▪ Flexible Sigmoidoscopy—Generally, once every 48 months if age 50 or older, or 120 months after a previous screening colonoscopy for those not at high risk. You pay 20% of the Medicare-approved amount. ▪ Colonoscopy—Generally once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy. No minimum age. You pay 20% of the Medicare-approved amount. ▪ Barium Enema—Once every 48 months if age 50 or older (high risk every 24 months) when used instead of a sigmoidoscopy or colonoscopy. You pay 20% of the Medicare-approved amount. **Note:** If you get a screening flexible sigmoidoscopy or screening colonoscopy in an outpatient hospital setting or an ambulatory surgical center, you pay 25% of the Medicare-approved amount.
Defibrillator (Implantable Automatic)	For some people diagnosed with heart failure. You pay 20% of the Medicare-approved amount for the doctor's services. You pay a copayment but no more than the Part A hospital stay deductible (see page 120) if you get the device as a hospital outpatient. The Part B deductible applies.

Part B deductible and coinsurance amounts are on page 121.

Medicare may cover some services and tests more often than the timeframes listed if needed to diagnose a condition.

Part B-Covered Services

Diabetes Screenings	Checks for diabetes. These screenings are covered if you have any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar (glucose). Tests are also covered if you answer yes to two or more of the following questions: ▪ Are you age 65 or older? ▪ Are you overweight? ▪ Do you have a family history of diabetes (parents, siblings)? ▪ Do you have a history of gestational diabetes (diabetes during pregnancy), or did you deliver a baby weighing more than 9 pounds? Based on the results of these tests, you may be eligible for up to two diabetes screenings every year. No cost for the test, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit.
Diabetes Self-Management Training	For people with diabetes. Your doctor or other health care provider must provide a written order. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Diabetes Supplies	Including blood sugar testing monitors, blood sugar test strips, lancet devices and lancets, blood sugar control solutions, and therapeutic shoes (in some cases). Insulin is covered only if used with an insulin pump. You pay 20% of the Medicare-approved amount, and the Part B deductible applies. **Note:** Insulin and certain medical supplies used to inject insulin, such as syringes, may be covered by Medicare prescription drug coverage (Part D).

Part B deductible and coinsurance amounts are on page 121.

Part B-Covered Services

Doctor Services	Services that are medically necessary (includes outpatient and some doctor services you get when you are a hospital inpatient) or covered preventive services. Doesn't cover routine physicals except for the one-time "Welcome to Medicare" physical exam. See "Physical Exam." You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Durable Medical Equipment (like walkers)	Items such as oxygen equipment and supplies, wheelchairs, walkers, and hospital beds your doctor orders for use in the home. You pay 20% of the Medicare-approved amount, and the Part B deductible applies. You must get your covered equipment or supplies from a supplier enrolled in Medicare. You should also check if the supplier is a participating supplier. Participating suppliers must accept assignment (see page 47), and your out-of-pocket costs may be less.
NEW EKG Screening	Medicare covers a one-time screening EKG if you get a referral for it as a result of your one-time "Welcome to Medicare" physical exam. See "Physical Exam." You pay 20% of the Medicare-approved amount, and the Part B deductible applies. An EKG is also covered as a diagnostic test. See page 36.
Emergency Room Services	When you believe your health is in serious danger. You may have a bad injury, a sudden illness, or an illness that quickly gets much worse. You pay a specified copayment for the hospital emergency department visit, and you pay 20% of the Medicare-approved amount for the doctor's services. The Part B deductible applies.
Eye Exams for People with Diabetes	Checks for diabetic retinopathy once every 12 months by an eye doctor who is legally allowed by the state to do the test. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Eyeglasses (limited)	One pair of eyeglasses with standard frames (or one set of contact lenses) after cataract surgery that implants an intraocular lens. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Part B deductible and coinsurance amounts are on page 121.

Part B-Covered Services

Federally-Qualified Health Center Services	Includes many outpatient primary care and preventive services you get through certain community-based organizations. You pay 20% of the Medicare-approved amount.
Flu Shots	Helps prevent influenza or flu virus. Covered once a flu season in the fall or winter. You need a flu shot for the current virus each year. No cost to you for the flu shot if the doctor accepts assignment for giving the shot.
Foot Exams and Treatment	If you have diabetes-related nerve damage and/or meet certain conditions. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Glaucoma Tests	Helps find the eye disease glaucoma. Covered once every 12 months for people at high risk for glaucoma. You are considered high risk for glaucoma if you have diabetes, a family history of glaucoma, are African-American and age 50 or older, or are Hispanic and age 65 or older. An eye doctor who is legally authorized by the state must do the tests. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Hearing and Balance Exams	If your doctor orders it to see if you need medical treatment. You pay 20% of the Medicare-approved amount, and the Part B deductible applies. **Note:** Medicare doesn't cover hearing aids and exams for fitting hearing aids.
Hepatitis B Shots	Helps protect people from getting Hepatitis B. This is covered for people at high or medium risk for Hepatitis B. Your risk for Hepatitis B increases if you have hemophilia, End-Stage Renal Disease (ESRD), or a condition that increases your risk for infection. Other factors may increase your risk for Hepatitis B, so check with your doctor. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Part B deductible and coinsurance amounts are on page 121.

Part B-Covered Services

Home Health Services	Limited to medically-necessary part-time or intermittent skilled nursing care, or physical therapy, speech-language pathology, or a continuing need for occupational therapy. A doctor must order it, and a Medicare-certified home health agency must provide it. Home health services may also include medical social services, part-time or intermittent home health aide services, durable medical equipment, and medical supplies for use at home. You must be homebound, which means that leaving home is a major effort. No cost to you for home health services. For Medicare-covered durable medical equipment, you pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Kidney Dialysis Services and Supplies	For people with End-Stage Renal Disease (ESRD). Medicare covers dialysis either in a facility or at home when your doctor orders it. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
NEW **Kidney Disease Education Services**	Medicare may cover kidney disease education services if you have kidney disease, and your doctor refers you for the service. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Mammograms (screening)	A type of X-ray to check women for breast cancer before they or their doctor may be able to find it. Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35–39. You pay 20% of the Medicare-approved amount.

Part B deductible and coinsurance amounts are on page 121.

Medicare may cover some services and tests more often than the timeframes listed if needed to diagnose a condition.

Part B-Covered Services

Medical Nutrition Therapy Services	Medicare may cover medical nutrition therapy and certain related services if you have diabetes or kidney disease, or you have had a kidney transplant in the last 36 months, and your doctor refers you for the service. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Mental Health Care (outpatient)	To get help with mental health conditions such as **depression**, **anxiety**, or **substance abuse**. Includes services generally given outside a hospital or in a hospital outpatient department, including visits with a doctor, psychiatrist, clinical psychologist, or clinical social worker, and lab tests. Certain limits and conditions apply. What you pay will depend on whether you are being diagnosed and monitored or whether you are getting treatment. ▪ For visits to a doctor or other health care provider to **diagnose** your condition, or to **monitor** or **change** your prescriptions, you pay 20% of the Medicare-approved amount. ▪ For outpatient **treatment** of your condition (such as counseling or psychotherapy), you pay 45% in 2010 (which is lower than in 2009) of the Medicare-approved amount. This copayment amount will continue to decrease over the next 4 years. The Part B deductible applies for both visits to diagnose or monitor your condition as well as treatment. **Note:** Inpatient mental health care is covered under Part A hospital stays. See page 20. Talk to your doctor if you feel sad, have little interest in things you used to enjoy, feel dependent on drugs or alcohol, or have thoughts about ending your life.
Non-doctor Services	Medicare covers services provided by non-doctors, such as physician assistants and nurse practitioners. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Occupational Therapy	Evaluation and treatment to help you return to usual activities (such as dressing or bathing) after an illness or accident when your doctor certifies you need it. There may be limits on physical therapy, occupational therapy, and speech-language pathology services and exceptions to these limits. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Part B deductible and coinsurance amounts are on page 121.

Part B-Covered Services

Outpatient Hospital Services	Services you get as an outpatient as part of a doctor's care. You may pay more for a doctor's care in an outpatient department of a hospital than you will pay for the same care in a doctor's office. You pay a specified copayment for each service. The copayment can't be more than the Part A hospital stay deductible. See page 120. The Part B deductible applies.
Outpatient Medical and Surgical Services and Supplies	For approved procedures (like X-rays, a cast, or stitches). You pay a copayment for each service you get in an outpatient hospital setting. For each service, this amount can't be more than the Part A hospital stay deductible. See page 120. The Part B deductible applies, and you pay all charges for items or services that Medicare doesn't cover.
Pap Tests and Pelvic Exams (includes clinical breast exam)	Checks for cervical, vaginal, and breast cancers. Medicare covers these screening tests once every 24 months, or once every 12 months for women at high risk, and for women of child-bearing age who have had an exam that indicated cancer or other abnormalities in the past 3 years. No cost to you for the Pap lab test. You pay 20% of the Medicare-approved amount for Pap test specimen collection, and pelvic and breast exams.
Physical Exam (one-time "Welcome to Medicare" physical exam)	A one-time review of your health, and education and counseling about preventive services, including certain screenings, shots, and referrals for other care if needed. Medicare will cover this exam if you get it within the first 12 months you have Part B. You pay 20% of the Medicare-approved amount. When you make your appointment, let your doctor's office know that you would like to schedule your "Welcome to Medicare" physical exam.
Physical Therapy	Evaluation and treatment for injuries and diseases that change your ability to function when your doctor certifies your need for it. There may be limits on these services and exceptions to these limits. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Part B deductible and coinsurance amounts are on page 121.

Part B-Covered Services

Pneumococcal Shot	Helps prevent pneumococcal infections (like certain types of pneumonia). Most people only need this preventive shot once in their lifetime. Talk with your doctor. No cost if the doctor or supplier accepts assignment for giving the shot.
Prescription Drugs (limited)	Includes a limited number of drugs such as injections you get in a doctor's office, certain oral cancer drugs, drugs used with some types of durable medical equipment (like a nebulizer or infusion pump) and under very limited circumstances, certain drugs you get in a hospital outpatient department. You pay 20% of the Medicare-approved amount for these covered drugs. If the covered drugs you get in a hospital outpatient department are part of the service you get, you pay the copayment for the services. However, if you get other types of drugs in a hospital outpatient department, what you pay depends on whether you have Part D or other prescription drug coverage, whether the drug is covered by your drug plan, and whether the hospital is in your drug plan's network. Contact your prescription drug plan to find out what you pay for drugs you get in a hospital outpatient department. Keep in mind that under Part B, you pay 100% for most prescription drugs, unless you have Part D or other drug coverage. See page 69 for more information.
Prostate Cancer Screenings	Helps detect prostate cancer. Medicare covers a digital rectal exam and Prostate Specific Antigen (PSA) test once every 12 months for all men with Medicare over age 50. You pay 20% of the Medicare-approved amount, and the Part B deductible applies for the doctor's visit. You pay nothing for the PSA test.
Prosthetic/ Orthotic Items	Including arm, leg, back, and neck braces; artificial eyes; artificial limbs (and their replacement parts); some types of breast prostheses (after mastectomy); and prosthetic devices needed to replace an internal body part or function (including ostomy supplies, and parenteral and enteral nutrition therapy) when your doctor orders it. For Medicare to cover your prosthetic or orthotic, you must go to a supplier that is enrolled in Medicare. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Rural Health Clinic Services	Includes many outpatient primary care services. You pay 20% of the amount charged, and the Part B deductible applies.
Second Surgical Opinions	Covered in some cases for surgery that isn't an emergency. In some cases, Medicare covers third surgical opinions. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Part B deductible and coinsurance amounts are on page 121.

Part B-Covered Services

Smoking Cessation (counseling to stop smoking)	Includes up to 8 face-to-face visits in a 12-month period if you are diagnosed with an illness caused or complicated by tobacco use, or you take a medicine that is affected by tobacco. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Speech-Language Pathology Services	Evaluation and treatment given to regain and strengthen speech and language skills including cognitive and swallowing skills when your doctor certifies your need for it. There may be limits on these services and exceptions to these limits. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Surgical Dressing Services	For treatment of a surgical or surgically-treated wound. You pay 20% of the Medicare-approved amount for doctor services. You pay a fixed copayment for these services when you get them in a hospital outpatient department. You pay nothing for the supplies. The Part B deductible applies.
Telehealth	Includes a limited number of medical or other health services, like office visits and consultations provided using an interactive two-way telecommunications system (like real-time audio and video) by an eligible provider who is at a location different from the patient's. Available in some rural areas, under certain conditions, and only if the patient is located at one of the following places: a doctor's office, hospital, rural health clinic, federally-qualified health center, hospital-based dialysis facility, skilled nursing facility, or community mental health center. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Tests	Including X-rays, MRIs, CT scans, EKGs, and some other diagnostic tests. You pay 20% of the Medicare-approved amount, and the Part B deductible applies. See "Clinical Laboratory Services" on page 27 for other Part B-covered tests. If you get the test at a hospital as an outpatient, you pay a specified copayment that may be more than 20% of the Medicare-approved amount, but it can't be more than the Part A hospital stay deductible. See page 120.

Part B deductible and coinsurance amounts are on page 121.

Part B-Covered Services

Transplants and Immunosuppressive Drugs	Including doctor services for heart, lung, kidney, pancreas, intestine, and liver transplants under certain conditions and only in a Medicare-certified facility. Medicare covers bone marrow and cornea transplants under certain conditions. Immunosuppressive drugs are covered if Medicare paid for the transplant, or an employer or union group health plan that was required to pay before Medicare paid for the transplant. You must have been entitled to Part A at the time of the transplant, and you must be entitled to Part B at the time you get immunosuppressive drugs. You pay 20% of the Medicare-approved amount, and the Part B deductible applies. If you are thinking about joining a Medicare Advantage Plan and are on a transplant waiting list or believe you need a transplant, check with the plan before you join to make sure your doctors and hospitals are in the plan's network. Also, check the plan's coverage rules for prior authorization. **Note:** Medicare drug plans (Part D) may cover immunosuppressive drugs, even if Medicare or an employer or union group health plan didn't pay for the transplant.

Part B deductible and coinsurance amounts are on page 121.

Part B-Covered Services

Travel (health care needed when traveling outside the United States) (limited)	Medicare generally doesn't cover health care while you are traveling outside the U.S. (the "U.S." includes the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa). There are some exceptions including some cases where Medicare may pay for services that you get while on board a ship within the territorial waters adjoining the land areas of the U.S. In rare cases, Medicare may pay for inpatient hospital, doctor, or ambulance services you get in a foreign country in the following situations: **1)** If an emergency arose within the U.S. and the foreign hospital is closer than the nearest U.S. hospital that can treat your medical condition **2)** If you are traveling through Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs and the Canadian hospital is closer than the nearest U.S. hospital that can treat the emergency **3)** If you live in the U.S. and the foreign hospital is closer to your home than the nearest U.S. hospital that can treat your medical condition, regardless of whether an emergency exists You pay 20% of the Medicare-approved amount, and the Part B deductible applies.
Urgently-Needed Care	To treat a sudden illness or injury that isn't a medical emergency. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Part B deductible and coinsurance amounts are on page 121.