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Learning What Medicare Covers & How Much You Pay

If you're enrolled in Original Medicare, it's not always easy to find out if Medicare will cover a service or supply that you need. Generally, Medicare covers services (like 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, like:

- 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 you get them in certain settings, or covered for patients with certain conditions. For example, some surgeries, like organ transplants, can only be done in certain approved hospitals. If you're in a Medicare Advantage Plan or other Medicare health 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 this information:
 - A general list of services covered by Medicare Part A (Hospital Insurance), like 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), like 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 (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.

To view or download this booklet, visit [Medicare.gov/publications](https://www.Medicare.gov/publications). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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

If there's a service or supply that Medicare usually covers that your doctor, healthcare provider, or supplier thinks Medicare won't cover in your specific case, he or she must give you a Medicare notice, like an “Advance Beneficiary Notice of Noncoverage”, 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'll have to pay for them if Medicare doesn't. For more information, visit [Medicare.gov](https://www.Medicare.gov).

Note: The type of notice you get depends on the healthcare setting and services you're 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 knows exactly the amount or type of services you'll 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 healthcare 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 [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users can 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'll 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, like Medicare Supplement Insurance (Medigap), Medicaid, or an employer retiree insurance plan, to see what they'll 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 healthcare 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've 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 visit [Medicare.gov](https://www.Medicare.gov).

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 [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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