

Learning What Medicare Covers & Your Costs

Medicare covers most services, items, and supplies in hospitals, doctors' offices, and other health care facilities when they are "medically necessary" to treat a disease or condition. Generally, the services, items, and supplies must be included within a covered benefit category, like flu shots, lab tests, and durable medical equipment.

If you need certain services or items Part A or Part B doesn't cover, like cosmetic surgery or hearing aids, you'll have to pay for them yourself unless:

- You have other coverage (including Medicaid) to cover the costs.
- You're in a Medicare Advantage Plan or Medicare Cost Plan that covers these services.

There are many factors that may affect what Medicare covers, like federal laws and regulations, and national and local coverage determinations. Visit [Medicare.gov](https://www.medicare.gov) for more information.

Medicare may cover some items and services only when you get them in certain settings, or if you have 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?

- Talk to your doctor or other health care provider about why you need the items or services and ask if they think Medicare will cover it.
- If you're in a Medicare Advantage plan, you have the right to ask the plan in advance if they will cover the items or services for you, even if you're not required to get approval from your plan before it covers them.
- Visit [Medicare.gov/coverage](https://www.medicare.gov/coverage) to find out if your test, item, or service is covered.
- Check your "Medicare & You" handbook for:
 - 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 about getting Medicare benefits through Original Medicare, Medicare Advantage Plans, and Medicare drug coverage (Part D).
- General information on coinsurance and copayment amounts, yearly deductibles for Part A and Part B services, and other Medicare Advantage Plan and Medicare drug plan costs.

Visit [Medicare.gov/publications](https://www.medicare.gov/publications) to read the “Medicare & You” handbook. You can also read “Your Medicare Benefits” for more information on Part A and Part B services. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

What affects Medicare coverage?

If you have Original Medicare and there’s an item or service that Medicare usually covers that your doctor, health care provider, or supplier thinks Medicare won’t cover in your specific case, they may give you a Medicare notice called 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. Visit [Medicare.gov/basics/your-medicare-rights/your-protections](https://www.medicare.gov/basics/your-medicare-rights/your-protections) for more information.

Factors that may affect what Medicare covers:

- **Federal and state law:** There are federal laws that describe Medicare benefits, and state licensing laws that may limit the services a particular provider may give.
- **National coverage determinations:** Medicare decides if, and under what conditions, a particular item or service is covered nationally.
- **Local coverage decisions:** In some instances, the companies that process Medicare claims for your state may decide whether a particular item or service is medically necessary and will be covered under Medicare’s rules.

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, you may get additional services and your costs could be higher.

Here’s what you can do in advance of having surgery or a procedure to get an estimate of your share of the costs:

- Visit [Medicare.gov/procedure-price-lookup](https://www.medicare.gov/procedure-price-lookup) to compare national average costs for procedures in certain settings.
- Ask your doctor, surgeon, or health care provider how much the surgery or procedure will cost, what kind of care or services you may need after your surgery or procedure, and how much you’ll have to pay.
- Call the hospital or facility and ask them to tell you the copayment for your specific surgery or procedure. Remember, your costs may be higher if you need other unexpected services.

- 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 have a Medicare Advantage Plan or another Medicare health plan, contact the plan for more information about your cost sharing and what the plan will cover.
- Review your last "Medicare Summary Notice" (if you have Original Medicare) to find out if you've met the deductible for Part A if you expect to be admitted to the hospital, or if you've met the deductible for Part B for a doctor's visit and other outpatient care. For some services, 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.

Visit [Medicare.gov](https://www.Medicare.gov) for more information about how Medicare covers inpatient versus outpatient hospital services. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

How can I keep my costs down?

- Ask your doctor, other health care provider, or supplier if they accept assignment under Part B. 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.
- If you have limited income and resources, you might qualify for programs to help pay for some of your health and drug costs. Check your "Medicare & You" handbook, or visit [Medicare.gov/basics/costs/help](https://www.Medicare.gov/basics/costs/help).



Medicare

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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