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## Learning What Medicare Covers & Your Costs

Generally, Medicare covers services (like lab tests, surgeries, and doctor visits) and items (like wheelchairs and walkers) it considers “medically necessary” to treat a disease or condition.

Factors that may affect what Medicare covers:

- **The law:** There are federal laws that describe Medicare benefits, or state laws that tell what services a particular provider is licensed to give.
- **National coverage determinations:** Medicare decides if a particular item or service is covered nationally.
- **Local coverage determinations:** In each state, decisions are made by local companies that process Medicare claims. These companies decide if a particular item or service is medically necessary and should be covered in that area under Medicare’s rules.

Other coverage rules and policies may also apply. 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.
- Visit [Medicare.gov/coverage](https://www.medicare.gov/coverage) to see if your test, item, or service is covered
- Check your “Medicare & You” handbook. Your handbook can give you:
  - 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 Original Medicare, Medicare Advantage Plans and Medicare drug coverage.
  - 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. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

If there’s an item or service that Medicare usually covers that your doctor, healthcare provider, or supplier thinks Medicare won’t cover in your specific case, they 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. The type of notice you get depends on the healthcare setting and services you’re getting. Visit [Medicare.gov](https://www.medicare.gov) for more information.

## **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, here's what you can do in advance to get an estimate of your share of the cost:

- 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 healthcare 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.
- Look at your last "Medicare Summary Notice" to see 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. 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 have Medicare Advantage or another Medicare health plan, contact the plan for more information.
- 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.

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. 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](https://www.Medicare.gov).

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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