




Part B-Covered Services



Medical Nutrition Therapy Services	<p>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.</p>
Mental Health Care (outpatient)	<p>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.</p> <p>What you pay will depend on whether you are being diagnosed and monitored or whether you are getting treatment.</p> <ul style="list-style-type: none"> ▪ 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. <p>The Part B deductible applies for both visits to diagnose or monitor your condition as well as treatment.</p> <p>Note: Inpatient mental health care is covered under Part A hospital stays. See page 20.</p> <p> 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.</p>
Non-doctor Services	<p>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.</p>
Occupational Therapy	<p>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.</p>

Part B deductible and **coinsurance** amounts are on page 121.

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Outpatient Hospital Services	<p>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.</p>
Outpatient Medical and Surgical Services and Supplies	<p>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.</p>
 Pap Tests and Pelvic Exams (includes clinical breast exam)	<p>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.</p>
 Physical Exam (one-time "Welcome to Medicare" physical exam)	<p>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.</p>
Physical Therapy	<p>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.</p>

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Smoking Cessation (counseling to stop smoking)	<p>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.</p>
Speech-Language Pathology Services	<p>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.</p>
Surgical Dressing Services	<p>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.</p>
Telehealth	<p>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.</p>
Tests	<p>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.</p>

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What you pay if you have Original Medicare (continued)

Part B Costs for Covered Services and Items

Part B Deductible	In 2010, you pay the first \$155 yearly for Part B-covered services or items.
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.
Clinical Laboratory Services	You pay \$0 for Medicare-approved services.
Home Health Services	You pay \$0 for Medicare-approved services. You pay 20% of the Medicare-approved amount for durable medical equipment.
Medical and Other Services	You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you are a hospital inpatient), outpatient therapy*, most preventive services, and durable medical equipment.
Mental Health Services	You pay 45% of the Medicare-approved amount for most outpatient mental health care.
Other Covered Services	You pay copayment or coinsurance amounts.
Outpatient Hospital Services	You pay a coinsurance or copayment amount that varies by service for each individual outpatient hospital service. No copayment for a single service can be more than the amount of the inpatient hospital deductible.

*In 2010, there may be limits on physical therapy, occupational therapy, and speech-language pathology services. If so, there may be exceptions to these limits.

Note: All Medicare Advantage Plans must cover these services. Costs vary by plan and may be either higher or lower than those noted above. Check with your plan.