Helping Older Persons With Legal & Long-Term Care Problems

Medicare Part B Coverage

1. What Is Medicare Part B?

The traditional Medicare program is actually two health insurance programs and a prescription drug program. The Part A program covers hospital, skilled nursing facility, hospice and home health care. You are automatically enrolled in Part A if you had 40 quarters of Social Security deductions taken from your paycheck.

The Part B program is a supplementary medical insurance program that you can choose to enroll in. You pay for this coverage by monthly deductions from your Social Security Retirement check. Unless you're disabled, you are first eligible for Medicare coverage the day you reach age 65. Note that this differs from your Social Security retirement age which may be 66 or 67. To obtain the earliest possible Medicare coverage, you should enroll during the three-month period before the month you turn 65.

2. What Benefits Does Medicare Part B Provide?

Part B provides benefits that supplement and extend the benefits provided by Part A. Part B specifically covers physician, outpatient medical and other health services.

Medical and other health services include:

(a) physicians' services, including consultations, surgery services and home, office, nursing home and hospital physician visits;

(b) outpatient hospital care;

(c) outpatient physical, occupational and speech therapy; and

(d) other health services and supplies such as durable medical equipment, ambulance services, X-ray therapy, diagnostic tests, limited immunizations, drugs that cannot be self-administered and prosthetic devices.

3. What Items Or Services Are Excluded?

Some items and services are not covered:

(a) those determined not to be medically reasonable or necessary;
(b) routine checkups;
(c) eyeglasses (except after some eye surgeries), orthopedic shoes and hearing aids;
(d) dental work;
(e) self-administered prescription drugs (provided by Part D benefits);
(f) personal comfort and safety items; and
(g) custodial care.

4. Who Pays For Medicare Part B Coverage?

Part B coverage is optional. You must pay for it through monthly premium payments of $96.40. If your income is above $85,000 or you enrolled in Part B on or after November 1, 2009 or do not have your Part B premium deducted from your Social Security, your premium will be higher. Typically, this amount is deducted from monthly Social Security Retirement benefits. In addition, you must pay the first $155 of approved charges in a calendar year, your deductible, and 20% of the Medicare-approved charge for a particular service.

5. What If I Cannot Afford The Part B Premium?

Your County Department of Job and Family Services has three programs to help pay Part B premiums: The Qualified Medicare Beneficiary (QMB) program, the Specified Low-Income Medicare Beneficiaries (SLIMB) and the QI-1program. Call for our *Medicare Premium Assistance Programs* pamphlet for details on these programs.

6. How Does Medicare Determine Payment For Part B Services?

Claims for payment under Part B are submitted by doctors to the Medicare Administrative Contractor. These entities are usually large insurance companies, such as Highmark Medicare Services, Inc., the Part A and B contractor for Ohio. Contractors then pay the claims on behalf of Medicare, following Medicare guidelines. The contractor (after you have paid the Part B $155 deductible) will pay 80% of the amount it

determines to be the Medicare-approved charge. You, the beneficiary, pay the remaining 20%.

7. What Are Participating And Non-Participating Providers?

Participating providers are doctors or suppliers who have contracted with the Medicare program to accept "assignment" for items or services furnished. A provider who accepts assignment agrees to accept Medicare's approved charge as payment in full. The provider cannot charge you an additional amount, beyond your deductible and 20% coinsurance.

Medicare payments on assigned claims are made directly to the participating provider. You can reach Palmetto GBA through Medicare at 1-800-633-4227 to request a list of participating providers in your area.

Nonparticipating providers do not have a contract with Medicare to accept assignment. They do not have to accept Medicare's approved amount as payment in full, but there are limits to what they can charge a Medicare beneficiary.

8. What Is Ohio's Medicare Balance Billing Law?

Ohio law prohibits physicians and some other types of health care practitioners from balance billing, which is charging or collecting more than the amount approved by Medicare. Note that you must still pay your deductible and coinsurance amounts.

9. What Is A Limiting Charge?

To protect patients from excessive charges, Medicare imposes an upper limit (limiting charge) on how much a nonparticipating physician or supplier can charge. If you think you are being charged more than the limiting charge, contact the Medicare Administrative Contractor and request a "limiting charge" violation inquiry.

10. What Else Does Medicare Part B Pay For?

(a) **Ambulance services.** These services are covered if the patient is taken to the nearest hospital and other means of transportation would have endangered the patient's health.

(b) **Durable medical equipment/ artificial limbs.** This equipment must be prescribed by a physician and necessary and reasonable for the treatment of an illness or injury.

(c) **Outpatient therapy.** These services must be furnished by a qualified physical or speech therapist under a written plan of treatment established by a physician, or a physical or speech therapist.

(d) **Flu shots.** This service is available under Medicare Part B upon request. There is no deductible or coinsurance for this service.

(e) **Home health services under Part B.** These services are covered for an unlimited number of visits, without a deductible or coinsurance, except a 20% coinsurance will apply to durable medical equipment furnished by a home health agency. To qualify for home health benefits you must be confined to your home, under the care of a physician, and in need of skilled nursing services on an intermittent basis, or in need of physical or speech therapy and not eligible for Part A Home Health services. (For a full description of the Medicare Home Health programs, see Pro Seniors' pamphlets on *Medicare Home Health Coverage* and *Home Health Denials*.)

(f) **Mammograms and Pap smears.** Medicare covers annual mammography screens for all women age 40 and over. Medicare Part B will also cover Pap smears every three years (or more often if medically necessary for high-risk women). The Part B annual deductible is waived for these services.

(g) **Diabetes Monitoring.** Medicare pays for glucose monitors, test strips, lancets, and self-management training. The beneficiary is responsible for the 20% co-payment of the Medicare approved charge.

11. How Can I Challenge A Medicare Part B Decision?

You must file a written request for review with the Medicare Administrative Contractor within 4 months of the initial decision. To appeal an adverse review decision, you must request an appeal within 6 months of the date of the review decision. Depending on the amount of your claim, you may have additional appeal rights. For answers to questions about your appeal, call Pro Seniors' Senior Legal Hotline at (800) 488-6070.

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Pro Seniors provides free legal information and advice by toll-free telephone to all residents of Ohio age 60 or older. If a matter cannot be resolved over the phone, seniors are referred to other Pro Seniors' staff or community resources for more in-depth assistance.

In southwestern Ohio, Pro Seniors' staff attorneys handle matters that many private attorneys do not, such as Medicare, Medicaid, SSI, financial abuse and landlord/tenant problems. Pro Seniors may also refer seniors to a private attorney on our referral panel. Many of these attorneys have agreed to handle cases at a fee seniors can afford.

Pro Seniors' long-term care ombudsmen work with residents of southwestern Ohio to protect their rights and resolve complaints about nursing facilities and home care.

This pamphlet provides general information and not legal advice. The law is complex and changes frequently. Before you apply this information to a particular situation, call Pro Seniors' free Legal Hotline or consult an attorney in elder law.

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