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Medicare Part B Coverage

What Is Medicare Part B?

The original Medicare program is made up of two health insurance programs, Part A and Part B. Medicare Part A helps cover your inpatient care in hospitals, critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Medicare Part B helps cover medical services like doctors' services, outpatient care, and other medical services that Part A doesn't cover.

Part B is an optional program that requires the payment of a monthly premium for all parts of coverage. You are generally eligible to enroll in Medicare Part B once you reach age 65 but may be eligible earlier if you are disabled. During your initial enrollment period you may usually enroll up to three months prior to the date you become eligible. If you have questions about Medicare and when to enroll you can contact the Ohio Senior Health Insurance Information Program at 800-686-1578.

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;
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, and prosthetic devices.

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 items; and
g) custodial care (excluding Hospice care).

Who Pays For Medicare Part B Coverage?

Part B coverage is optional. You must pay for it through monthly premium payments of $185 (2025) or higher depending on your income. If your income is above $106,000 (2025) your premium may be higher. Typically, this amount is deducted from monthly Social Security Retirement benefits. In addition, you must pay a deductible of $257 (2025) for the first approved charges per year and 20% of the Medicare-approved charge for a particular service.

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 (SLMB) and the QI-1program.

How Does Medicare Determine Payment For Part B Services?

Claims for payment under Part B are submitted by providers to the Medicare Administrative Contractor. These entities are usually large companies, such as CGS Administrators, LLC, 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 deductible) will pay 80% of the amount it determines to be the Medicare-approved charge. You, the beneficiary, pay the remaining 20%.

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 Medi-care'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 Medicare at 1-800-633-4227 to request a list of participating providers in your area.

Non-participating 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.

What Is Ohio's Medicare Balance Billing Law?

Ohio law prohibits physicians and some other types of health care practitioners from balance billing for any supplies or service provided to a Medicare beneficiary. Balance billing is charging or collecting more than the amount approved by Medicare. Note that you must still pay your deductible and coinsurance amounts.

What Is A Limiting Charge?

To protect patients from excessive charges, Medicare imposes an upper limit charge (limiting charge) from a nonparticipating physician or supplier. If you think you are being charged more than the limiting charge, request a "limiting charge violation inquiry" from Medicare at 1-800-633-4227.

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 medically necessary for the treatment of an illness or injury.
c) **Outpatient therapy.** These services must be furnished by a qualified physical, occupational or speech therapist under a written plan of treatment established by a physician, or a physical, occupational or speech therapist.
d) **Flu and Covid-19 shots.** These services are available under Medicare Part B upon request. There is no deductible or coinsurance for these services.
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 or continued occupational therapy and not eligible for Part A Home Health services.

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 after meeting their deductible.

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 Helpline at (800) 488-6070.

Pro Seniors helps older Ohioans solve legal and long-term care problems and fight Medicare fraud. Our Legal Helpline provides free legal information and advice for Ohio residents aged 60 and older.

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

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