

## MEDICARE

### Covered and Non-covered Services and Charges

Medicare **WILL COVER** charges for the following ancillary services when approved.

Pharmacy	Physical Therapy
Radiology	Speech/Language Pathology
Laboratory	Occupational Therapy
Chargeable Medical Supplies	

Medicare **WILL NOT COVER** charges for the following personal needs items or services:

Personal Laundry	Transportation
Dry Cleaning	Equipment Rental
Massage Therapy	Private Duty Nurse
Telephone	Beauty/Barber Shop
Cable TV	

**IF** the beneficiary meets the qualifying conditions, Medicare will pay 100% of the daily room rate plus all covered ancillary charges for the first twenty (20) days. You (the beneficiary) are required to pay a portion of the charges for the 21st through the 100th day of coverage for each benefit period. That portion is called coinsurance. The coinsurance amount is established by the Federal Government and this years rate is \$185.50 per day.

Medicare pays the remaining portion. Some supplemental insurance will cover the coinsurance amount. Medicare will not pay for personal items or services. You will be charged for personal need items and services.

When the beneficiary meeting qualifying conditions is no longer covered for Medicare Part A inpatient services, Medicare Part B MAY pay 80% of the following ancillary services, and you (the beneficiary) will be billed 20% coinsurance:

Occupational Therapy	Physical Therapy
Speech/Language Pathology	Surgical Dressings
Tube Feedings	Radiology
Prosthetic Devices	Laboratory

**MEDICAID** may pay Medicare coinsurance for inpatient and outpatient services and supplies.

Occupational Therapy	Physical Therapy
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