



## What Part B covers

If you're in a Medicare Advantage Plan or other Medicare plan, your plan may have different rules. But, your plan must give you at least the same coverage as Original Medicare. Some services may only be covered in certain facilities or for patients with certain conditions.

## What's covered?

**NEW INSULIN BENEFIT!** If you use an insulin pump that's covered under Part B's durable medical equipment benefit, or you get your covered insulin through a Medicare Advantage Plan, your cost for a month's supply of Part B-covered insulin for your pump can't be more than \$35. The Part B deductible won't apply. If you get a 3-month supply of Part B-covered insulin, your costs can't be more than \$35 for each month's supply. This means you'll generally pay no more than \$105 for a 3-month supply of covered insulin. If you have Part B and Medicare Supplement Insurance ([Medigap](#)) that pays your Part B coinsurance, your plan should cover the \$35 (or less) cost for insulin.

## Part B covers 2 types of services

- **Medically necessary services:** Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice.
- **[Preventive services](#):** Health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best.

You pay nothing for most preventive services if you get the services from a health care provider who accepts [assignment](#).

## Part B covers things like:

- [Clinical research](#)
- [Ambulance services](#)
- [Durable medical equipment \(DME\)](#)
- Mental health
  - [Inpatient](#)
  - [Outpatient](#)
  - [Partial hospitalization](#)
  - [Intensive outpatient program services](#) (starting January 1, 2024)
- [Limited outpatient prescription drugs](#)

## 2 ways to find out if Medicare covers what you need

1. Talk to your doctor or other health care provider about why you need certain services or supplies. Ask if Medicare will cover them. You may need something that's usually covered but your provider thinks that Medicare won't cover it in your situation. If so, you'll have to [read and sign a notice](#). The notice says that you may have to pay for the item, service, or supply.
2. [Find out if Medicare covers your item, service, or supply.](#)

## Medicare coverage is based on 3 main factors

1. Federal and state laws.
2. National coverage decisions made by Medicare about whether something is covered.
3. Local coverage decisions made by companies in each state that process claims for Medicare. These companies decide whether something is medically necessary and should be covered in their area.

## Related Resources

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## CMS & HHS Websites

[HealthCare.gov](#)

[InsureKidsNow.gov](#)

[Medicaid.gov](#)

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[USA.gov](#)

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## Helpful Links

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