

CHART: What Does Medicare Cover?

The following chart generally summarizes the coverage available under Medicare Parts A and B. If you believe you have been wrongfully denied coverage or have questions about your coverage, consult your attorney or a Medicare specialist.

Medicare Part A	Medicare Part B
<p><i>Hospital stays</i>, including</p> <ul style="list-style-type: none"> • Semiprivate room • Meals • Nursing services • General hospital services • In-patient mental health care coverage with lifetime maximum of 190 days 	<p><i>Outpatient hospital care</i>, including</p> <ul style="list-style-type: none"> • Medical services • Surgical services • Supplies • Diagnostic tests • Ambulatory surgery center fees • Services for diagnosis or treatment of illness or injury <p>See also <i>Outpatient services</i>, below.</p>
<p><i>Skilled nursing facility care</i>, including</p> <ul style="list-style-type: none"> • Semiprivate room • Meals • Skilled nursing and rehabilitative services • Other services and supplies (after three-day hospital stay) 	<p><i>Doctors' services</i>, except for routine physical exams, including</p> <ul style="list-style-type: none"> • Diagnostic tests • Durable medical equipment, including <ul style="list-style-type: none"> √ Wheelchairs √ Walkers √ Hospital beds √ Oxygen √ Other supplies <p>See also <i>Outpatient services</i>, below.</p>
<p><i>Home health care</i>, including</p> <ul style="list-style-type: none"> • Part-time skilled nursing 	<p><i>Home health care</i>, including</p> <ul style="list-style-type: none"> • Part-time skilled care

<ul style="list-style-type: none"> • Home health aide services • Physical therapy • Speech-language therapy • Other services • Durable medical equipment, including <ul style="list-style-type: none"> √ Wheelchairs √ Walkers √ Hospital beds √ Oxygen √ Other supplies 	<ul style="list-style-type: none"> • Home health aide services • Durable medical equipment, including <ul style="list-style-type: none"> √ Wheelchairs √ Walkers √ Hospital beds √ Oxygen √ Other supplies <p>See also <i>Outpatient services</i>, below.</p>
<p><i>Hospice care</i>, including</p> <ul style="list-style-type: none"> • Medical and support services • Drugs • Short-term respite care • Care in a hospital, hospice facility, or nursing home, as necessary • Home care • Other services 	<p><i>Outpatient services</i>, including</p> <ul style="list-style-type: none"> • Outpatient physical therapy • Outpatient occupational therapy • Outpatient speech-language therapy • Durable medical equipment, including <ul style="list-style-type: none"> √ Wheelchairs √ Walkers √ Hospital beds √ Oxygen √ Other supplies
<p><i>Blood</i>, given at a hospital or skilled nursing facility during a covered stay</p>	<p><i>Blood</i>, when needed as an outpatient or as part of a Part B covered service</p>
	<p><i>Clinical laboratory services</i>, including</p> <ul style="list-style-type: none"> • Blood tests • Urinalysis • Other services

<i>NOT Covered by Part A or B</i>	
<ul style="list-style-type: none"> • Routine physical examinations • Eyeglasses • Custodial care • Dental care • Dentures • Routine foot care • Orthopedic shoes • Hearing aids 	

- Cosmetic surgery
- Most prescription drugs (outside of hospital setting)
- Most health care services outside of United States