These are the answers to the other cards in The Game that I didn’t get to in the presentation. Reading through these is important, as they illustrate how ambiguous some of the billing can be and how necessary it is to keep asking questions. Try guessing them for yourself before looking at the answers!

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**Acupuncture:** NOT COVERED  
This is not covered by Medicare yet, but some of the plans are offering you this as one of their “extras.” It’s possible that the resistance to Asian medicine will decrease in the future and the benefit will be added to Original Medicare.

**Alcohol counseling:** PART B  
You can get a screening once a year for people who use alcohol, and 4 brief counseling sessions if the doctor thinks you need it. Both of these are under Part B but are free.
Anesthesiologists: PART A or B (if opt-out MD, NOT)  
Doctors, as we know, are providers, so we think of them as Part B, but Medicare says if you’re inpatient, they’d be covered under Part A, and as an outpatient or in an ambulatory surgery situation, B. I’ve heard of people getting bills for anesthesiologists, but don’t know the specific conditions that caused that billing. And if you’re in an HMO, where you’re out of pocket for a physician not in your plan, you really don’t want any surprises. Sometimes it’s even difficult to find out before an operation who your anesthesiologist would be, as the hospital doesn’t schedule operations too far in advance.

I’m still a little vague as to how the billing went down for my recent surgery. My Advantage plan, an HMO, had to approve the whole operation, and once they did, everything that related to the surgery was taken care of, I never saw a bill. When I called the plan beforehand to check on the doctor’s co-surgeons and other medical staff, they specifically told me that as long as the operation had been approved, everything would be covered. I am not even sure I was “admitted.” The doctor told me beforehand that I would be admitted, and that he’d be keeping me overnight to check my calcium before sending me home. But I don’t know if he used the word “admitted” the way I’m used to hearing it. Maybe he just meant “kept.” There’s such a thing called “Ambulatory surgical centers,” where you’re expected to be released within 24 hours. If that was where I was, I didn’t know it at the time. I thought I was at a regular big hospital in New York City.

Blood: PART A or B  
From what I read, the handling of your transfusion is billed under Part A or B, depending on whether you’re an inpatient. If the facility gets the actual pints free, there’s no cost to you, and if they have to buy them, you either have to pay for the first 3 pints unless you have supplemental coverage, or you could have the blood donated by yourself or someone else beforehand to keep the cost of the blood to zero.

Breast implants: NOT, or PART A or B  
Cosmetic implants not covered. For reconstruction surgery, depends if the surgery is being done as inpatient or ambulatory, so covered as part of the operation (put paid by A or B, am not sure). Removal of the implant may qualify for Part A. Any external prosthesis would be Part B.

Chemotherapy: PARTS A, B, and D  
Any chemo given to you as an inpatient is Part A, in a doctor’s office or clinic: B. There is a growing move to oral chemo drugs, and these would be from the pharmacy, so Part D. Anti-nausea drugs would be also be Part D.

Diabetes supplies: NOT, or PART B  
You pay 100% for insulin unless it’s used with a pump (which has to be medically necessary), and then it’s Part B. You receive the supplies from a supplier. Part B (or D) may cover the supplies used to inject insulin as well, but normally, if there’s no pump, these supplies are not covered. New in 2021 is that if you have
a Part D plan or Medicare Advantage Plan with drug coverage, insulin will be capped at $35 for a 30-day supply. Basic info at Medicare.gov, Medicare Interactive, and for some further explanatory material beginning 2021 here.

**Hearing aids: NOT**

**Incontinence pads:** NOT, unless PART A or B  
Medicare doesn’t cover throw-away items, so for normal senior incontinence, the pads are not covered. Part A will cover these kinds of things when you’re an inpatient, and the agency who is managing your Home Health Care will sometimes leave you with various kinds of supplies. I can’t say which part of Medicare paid for the pads that just appeared when one of my parents needed them after surgery. We never saw a bill for these. I am seeing that some Medicare Advantage plans do cover pads to some extent, and it seems if surgery permanently changes the stoma for your urinary tract, Medicare will cover pads. In both of these cases you’re probably going to get them through a supplier.

**Long-term care:** NOT  
Rehab is covered, but not long-term care. You need separate insurance for that.

**OTC drugs: mostly NOT**  
Over-the-counter-drugs are not covered, even with a prescription. Saying this, I was just able to get an acid reflux savior medication (Famotidine, the generic for Pepci) through a prescription. Omeprazole (generic for Prilosec) as well. But I’ve tried other OTC drugs with prescription and the pharmacist of course disallowed them.) From what I read, OTC dosages may be the factor: they’re lower than the dosages a doctor can subscribe, but this may not be a full answer.

**Private room:** NOT, or PART A or B  
Private rooms are not covered by Medicare unless you require isolation or no other room is available. But it has been explained to me that hospitals and facilities in this area are going in the direction of giving people small private rooms, each with its own bathroom, instead of double-occupancy. These are billed at Medicare’s “normal” or “standard” rate, i.e., for semi-private rooms.

**Prostate cancer screening:** PART B  
These, mammograms and colonoscopies are screenings that are now free under Part B. If they find something, however, we were told by Medicare that the coding is changed to diagnostic, and therefore no longer free. I find that strange, and I’m not sure it’s correct. Change a code? In any case, any subsequent diagnostic treatments would be paid for, under B.

**Psychologists:** Part B (if not in Medicare, NOT)  
Just like therapists, physician assistants, nurse practitioners, social workers.
Silver Sneakers: NOT  This physical fitness program at gyms is offered as an “extra” by Advantage Plans, as well as some Medigaps. But Medicare doesn’t cover it.

Spiritual counseling: PART A  This is offered to people in Hospice, which is a Part A benefit.