



## Medicare Part B: Outpatient Services

The different parts of Medicare can be puzzling. If you are eligible for Medicare, you need to understand the costs and coverages of the various options, so you're never caught off guard. Previously, in the second installment of our series on Medicare, we covered what enrollees need to know about Part A.

"Part A is for when you're hospitalized; admitted to the hospital," clarifies Ben Rothering, licensed insurance salesman and Medicare expert. "Part B is going to be all about your outpatient benefits. It's your regular doctoring, specialist visits, durable medical equipment, preventative services. Part B is about observation."

### Cost of Medicare Part B

Medicare Part B requires payment of a premium based on your taxes from two years prior. How you file (individually or jointly) and income bracket are considered. The base premium for 2021 was \$148.50, and the base premium for 2022 is \$170.10. Those in a higher income bracket have a higher premium.

For Part B billing, there are two options. If you do not draw Social Security benefits each month, you will receive a quarterly bill from Social Security for your Part B premium. If you do draw Social Security monthly, Medicare deducts your Part B premium before depositing the rest into your account.

### The "Welcome to Medicare" Visit

After beginning Part B, you have one year to complete a "welcome to Medicare" visit. This preventative check-in with your doctor includes education about preventative services and an assessment on how you're doing. Since it works on an annual deductible, you are responsible for your first wellness visit with your doctor.

The 2022 annual deductible for Medicare is \$233. "Once the \$233 is paid, now Medicare is going to jump in and pay their 80% for any Medicare-eligible covered charges," explains Rothering. Annual wellness visits will continue to monitor your health.

### What Part B Covers

Medicare will cover 100% of some services, such as blood tests and diagnostic lab services. Preventative care like an annual mammogram and yearly flu shot are covered. A colonoscopy is covered every 10 years.

If you are at higher risk for certain diseases, you may be able to get more frequent colonoscopies. "If that's the case and your doctors are proving that it's medically necessary to do this sooner, then Medicare may reduce those timeframes for you because of that medical necessity," Rothering assures.

Medicare won't cover anything above their approved amount. You may see adjusted numbers on medical bills that list prices. For example, a service billed at \$5000 may exceed the Medicare approved amount. You may see the bill adjusted down to \$2000 if that's the Medicare approved amount for that

specific service. Your financial obligation will be based off that adjusted number. If Medicare covers 80%, you would be responsible for \$400 of that \$2000 Medicare-approved bill.

## Part B Exclusions

While Part B covers outpatient services, it doesn't cover everything. For example, routine dental, vision, hearing, or foot care are not part of the plan. Nursing home care, elective, cosmetic, or personal care are also excluded—as is anything considered alternative or homeopathic. “Medicare covers things that have been put through the paces and approved,” notes Rothering.

Medicare Part B will not cover any non-medical expenses like travel and lodging if you must go elsewhere for treatment. It does not cover treatment outside of the United States.

For help navigating Medicare, Rothering can be reached via cell phone at (608) 354-3869 or via email at [rothering27@gmail.com](mailto:rothering27@gmail.com).



*\*\*To listen to an in-depth conversation on this topic with Ben Rothering, please follow this link:  
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