Part A Covered Services

**Blood** — If the hospital gets blood from a blood bank at no charge, the beneficiary won’t have to pay for or replace it. If the hospital has to buy blood, the beneficiary must either pay the hospital costs for the first three units of blood they get in a calendar year, or have the blood donated by someone.

**Home Health Services** — Medicare covers medically necessary part-time or intermittent skilled nursing care, and/or physical therapy, speech-language pathology services and/or services for people with a continuing need for occupational therapy. Home health services may also include medical social services, part-time or intermittent home health aide services, and medical supplies for use at home.

The beneficiary must be homebound, which means leaving home is a major effort. They pay nothing for covered home health care services. They pay 20% of the Medicare-approved amount for durable medical equipment.

**Hospice Care** — Stays must be in a Medicare-approved facility, like a hospice facility, hospital or skilled nursing facility that contracts with the hospice. Medicare also covers inpatient respite care, which is care the beneficiary gets in a Medicare-approved facility so that their usual caregiver can rest. The beneficiary can stay up to five days each time they get respite care. Medicare will pay for covered services for health problems that aren’t related to their terminal illness. They can continue to get hospice care as long as the hospice medical director or hospice doctor recertifies that they are terminally ill. The beneficiary pays nothing for hospice care. They pay a co-payment of up to $5 per prescription for outpatient prescription drugs for pain and symptom management. They pay 5% of the Medicare-approved amount for inpatient respite care.

**Hospital Care Inpatient** — Medicare covers semi-private rooms, meals, general nursing and drugs as part of the beneficiary’s inpatient treatment, as well as other hospital services and supplies.

This includes care they get in acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, long-term care hospitals, inpatient care as part of a qualifying clinical research study and mental health care. Inpatient mental health care in a psychiatric hospital is limited to 190 days in a lifetime. If the beneficiary has Part B, it covers the doctor’s services they get while they are in a hospital.

**Skilled Nursing Facility Care** — Medicare covers semi-private rooms, meals, skilled nursing and rehabilitative services, and other medically necessary services and supplies after a three-day minimum, medically necessary, inpatient hospital stay, for a related illness or injury. An inpatient hospital stay begins the day the beneficiary is formally admitted with a doctor’s order and doesn’t include the day they are discharged. To qualify for care in a skilled nursing facility, a doctor must certify that the beneficiary needs daily skilled care like intravenous injections or physical therapy. Medicare doesn’t cover long-term care or custodial care. The beneficiary pays nothing for the first 20 days each benefit period. The beneficiary pays $157.50 per day for 21 to 100 days each benefit period and all costs for each day after day 100 in a benefit period.

**Religious Non-Medical Health Care Institutions Inpatient Car**e — Medicare will only cover the non-medical, non-religious health care items and services (like room and board) in this type of facility, if the beneficiary qualifies for hospital or skilled nursing facility care, but medical care isn’t in agreement with their religious beliefs. Only non-medical items and services that don’t require a doctor’s order or prescription, like un-medicated wound dressings or use of a simple walker during their stay are available. Medicare doesn’t cover the religious portion of care.

http://www.medicare.gov