

Medicare Service Terms



Advance Beneficiary Notice:

A notice given to Original Medicare patients when a service may not be covered

Example: The doctor gave an **advance beneficiary notice** before the procedure, explaining that Medicare might not cover the cost for the cosmetic component



Benefit Period:

Time spent receiving inpatient care. It begins once admitted and ends when patient has not received inpatient care for 60 consecutive days

Example: After a stroke, the **benefit period** began once admitted and ended two months after the last treatment



Inpatient Services:

Care provided in an inpatient facility; patient has been admitted and spends at least one night at the facility

Example: During the hospital stay, the individual received **inpatient services** within the hospital, including IV and routine blood pressure checks

Medically Necessary:



Services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms; must meet accepted standards of medicine

Example: Because the patient had diabetes, the glucose monitor was considered **medically necessary**

Outpatient Services:



Care provided when not admitted into a hospital; includes services provided in some hospital settings like walk-in clinics, doctors' offices, etc.

Example: The physical therapy after ankle surgery was an **outpatient service**

Preventive Services:



Care that prevents or detects illness at an early stage (for example: flu shots, cancer screenings)

Example: The vaccine that the individual got at the local pharmacy was a **preventive service**

Medicare Resources

Contact for assistance:

NY SHIP/HIICAP office: (800) 701-0501

<https://aging.ny.gov>

Medicare: 1-800-MEDICARE

<https://www.medicare.gov/>

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subject to
change*



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