Medicare Coverage Rules and General References

Medicare has strict rules about which services it does and does not cover. As a benefits counselor, there are a few resources that can help you and your clients learn more about Medicare rules of coverage:

*MyMedicare.gov*

The Medicare website—[Medicare.gov](http://www.medicare.gov)—offers beneficiaries general information about Medicare’s benefits. You can find publications on specific benefits within Medicare to help you understand better Medicare’s coverage limits. You can also find information on how to read a Medicare claim.

Medicare’s other site—[MyMedicare.gov](http://www.mymedicare.gov)—is a more personalized online site, where your clients can get detailed info about their current benefits. Medicare beneficiaries who sign up for an online account can access and download their recent Medicare summary notices, keep track of their preventive benefits, view the status of claims, and more. The online service is free and secure.

*Medicare & You Handbook*

Every year, the Centers for Medicare & Medicaid Services (CMS) updates and publishes its annual [Medicare & You handbook](http://www.medicare.gov). This 100-page+ handbook reviews what’s new in the current plan year, along with a general summary of Medicare benefits, coverage options, who and where to call with questions, and your clients’ rights and protections. It’s mailed to beneficiaries before the start of the Annual Enrollment Period (AEP; Oct. 15- Dec. 7). Your clients can choose to get the handbook electronically by going to [Medicare’s website](http://www.medicare.gov) or by calling 1-800-MEDICARE. Although the handbook offers a good overview of what Medicare covers and doesn’t cover, your clients may need your help with resolving their individual coverage questions.

*Medicare Coverage Database*

The Centers for Medicare & Medicaid Services (CMS) has an online database, called the Medicare Coverage Database. This database contains information on all National Coverage Determinations and Local Coverage Determinations. The site is intended for contractors, hospitals, and providers; however, you may find it helpful if you cannot locate specific info for your clients on other Medicare sites.

[Access the database](http://www.medicare.gov).
General References

Medicare Law
The complete compilation of Medicare law contains legal provisions that govern Medicare coverage (Parts A and B), Medicare Advantage (Part C) and Medicare drug coverage (Part D).

Regulations
Regulations are the legal interpretation of the statute by the governmental agency in charge of administering a statute.

- **Centers for Medicare & Medicaid Services (CMS)**
  The Centers for Medicare & Medicaid Services (CMS) administers Medicare, and the regulations are in Part 423 of Volume 42 the Code of Federal Regulations. (The way to refer to these regulations in legal citation form is 42 CFR Part 423.)

- **Social Security Administration**
  The Social Security Administration (SSA) is responsible for handling Medicare eligibility and enrollment. It also processes applications for the Part D Low-Income Subsidy (LIS), or Extra Help.

Guidance
CMS maintains online manuals, which explain the rules and procedures for administering the Medicare and Medicaid programs. These manuals are the authority language, or guidance, for providers, contractors, plan sponsors, and any other organization that deals with these two programs.

There are currently 25 manuals online, 13 of which pertain to Medicare (the others address Medicaid). Each manual is updated annually, or on an as needed basis.

**Medicare General Information, Eligibility, and Entitlement Manual**
The Medicare General Information, Eligibility, and Entitlement Manual covers the policies and procedures concerning Medicare Parts A and B. It has seven active chapters. The chapters range in length. Some are brief (17 pages), others more extensive (99 pages), depending on the topic being explained. You can find the General Medicare manual online at CMS’s website, or you can access each chapter here:

- **Chapter 1** – General Overview (21 pages, updated October 16, 2015)
- **Chapter 2** – Hospital Insurance and Supplementary Medical Insurance (17 pages, updated September 11, 2002)
- Chapter 3 – Deductibles, Coinsurance Amounts, and Payment Limitations (22 pages, revised December 2, 2016)
- Chapter 4 – Physician Certification and Recertification of Services (19 pages, revised September 16, 2016)
- Chapter 5 – Definitions (40 pages, updated September 16, 2016)
- Chapter 6 – Disclosure of Information (66 pages, updated April 29, 2005)
- Chapter 7 – Contract Administrative Requirements (100 pages, updated September 30, 2016)