

# Need to Know: Hospital Stays

A Medicare Scholar Presentation

# Types of Hospital Stays

## Inpatient

- Starts when you're formally admitted to the hospital with a doctor's order.
- The day before you're discharged is your last inpatient day

## Outpatient

- If you're getting emergency department services, observation services, outpatient surgery, lab tests, or X-rays, or any other services and the doctor hasn't written an order to admit (even if you spend the night in the hospital)

# Inpatient Qualifications

- You're admitted to the hospital as an inpatient after an official doctor's order, which says you need inpatient hospital care to treat your illness or injury
- The hospital accepts Medicare
- In certain cases, the Utilization Review Committee of the hospital approves your stay while you're in the hospital

# Inpatient Coverage

- Semi-private rooms
- Meals
- General Nursing
- Drugs as part of your inpatient treatment
- Other hospital services and supplies

# Inpatient coverage

Medicare doesn't cover:

- Private-duty nursing
- Private room (unless medically necessary)
- Television and phone in your room (if there's a separate charge for these items)
- Personal care items, like razors or slipper socks

# Inpatient Costs

- \$1,600 Part A deductible
- Days 1-60: \$0 coinsurance
- Days 61-90: \$400 coinsurance per day
- Days 91 and beyond: \$800 coinsurance per each “lifetime reserve day”, up to 60 days over your lifetime
- Beyond lifetime reserve days: all costs

# Inpatient Benefit Period

- Benefits are based on a benefit period
- Starts the day you are admitted to the hospital
- Ends when you haven't received any inpatient hospital care or skilled care in a nursing facility for 60 days
- You must pay the Part A deductible for each benefit period, no limit per year



# Outpatient Qualifications

- Medicare Part B covers medically necessary diagnostic and treatment services you get as an outpatient from a Medicare-participating hospital



# Outpatient Coverage

- Emergency or observation services
- Same-day surgery
- Laboratory tests billed by the hospital
- X-rays and other radiology services
- Medical supplies, like splints and casts
- Preventive and screening services
- Certain drugs and biologicals that you wouldn't usually give yourself.

# Outpatient Coverage

- Medicare Part B doesn't cover prescription and over-the-counter drugs you get in an outpatient setting, sometimes called "self-administered" drugs
- Many hospitals have policies that don't allow patients to bring prescription or other drugs from home



## Outpatient Costs

- Part B deductible (except for certain preventive services) - \$226 in 2023
- 20% of the Medicare-approved amount for doctor and other healthcare provider's services

## 3-Day Rule

- If you need care in a skilled nursing facility (SNF) after receiving care in a hospital
- Medicare will only pay if you were an inpatient in a hospital for 3 days (excluding the day you were discharged) and transfer to the SNF within 30 days of discharge

# Know Before You Go

- Ask the facility if you will be inpatient or outpatient
- Ask if you will be required to rehabilitate in a skilled nursing facility
- Ask if you are able to bring your medications from home

Questions?



Thank you for  
attending!

# Sources

- <https://www.medicare.gov/coverage/inpatient-hospital-care>
- <https://www.medicare.gov/coverage/outpatient-hospital-services>
- <https://www.medicare.gov/coverage/skilled-nursing-facility-snf-care>