



## **Are You a Hospital Inpatient or Outpatient? If You Have Medicare – Ask!**

Did you know that even if you stay in the hospital overnight, you might still be considered an “outpatient”? Your **hospital status** (whether the hospital considers you an “inpatient” or “outpatient”) affects how much **you pay** for hospital services (like X-rays, drugs, and lab tests). Your hospital status may also affect whether Medicare will cover care you get in a skilled nursing facility (SNF).

An inpatient admission begins the day you’re formally admitted to the hospital with a doctor’s order. The day before you’re discharged is your last inpatient day. You’re an outpatient if you’re getting emergency department services, observation services, lab tests, or X-rays, and the doctor hasn’t written an order to admit you as an inpatient even if you spend the night at the hospital.

**If you’re in the hospital more than a few hours, always ask your doctor or the hospital staff if you’re an inpatient or an outpatient.**

Read on to understand the differences in Original Medicare coverage for hospital inpatients and outpatients and how these rules apply to some common situations. If you have a Medicare Advantage Plan (like an HMO or PPO), costs and coverage may be different. Check with your plan.

### **What do I pay as an inpatient?**

Medicare Part A (Hospital Insurance) covers inpatient hospital services. Generally, this means you pay a one-time deductible for all of your hospital services for the first 60 days you’re in the hospital.

Medicare Part B (Medical Insurance) covers most of your doctor services when you’re an inpatient. You pay 20% of the Medicare-approved amount for doctor services after paying the Part B deductible.



## What do I pay as an outpatient?

Medicare Part B covers outpatient hospital and doctor services. Generally, this means you pay a copayment **for each individual outpatient hospital service**. This amount may vary by service.

**Note:** The copayment amount for a single outpatient hospital service can't be more than the inpatient hospital deductible. In some cases, your total copayment for all services may be more than the inpatient hospital deductible.

Part B also covers most of your doctor services when you're a hospital outpatient. You pay 20% of the Medicare-approved amount after the Part B deductible.

Generally, the prescription and over-the-counter drugs you get in an outpatient setting like an emergency department (sometimes called "self-administered drugs") aren't covered by Part B. If you have Medicare Part D prescription drug coverage, these drugs may be covered under certain circumstances. You will likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Call your plan for more information.

**For more detailed information on how Medicare covers hospital services, including premiums, deductibles, and copayments,** visit [www.medicare.gov/Publications/Pubs/pdf/10050.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf) to view the "Medicare & You" handbook. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



Below are some common situations and a description of how Medicare will pay. Remember, you pay deductibles, coinsurance, and copayments.

<b>Situation</b>	<b>Inpatient or Outpatient</b>	<b>Part A Pays</b>	<b>Part B Pays</b>
You're in the emergency department, and then you're formally admitted to the hospital with a doctor's order.	Inpatient	Your hospital stay usually including emergency department services	Your doctor services
You visit the emergency department for a broken arm, get X-rays and a cast, and go home.	Outpatient	Nothing	Doctor services and hospital outpatient services (for example, emergency department visit, X-rays, casting)
You come to the emergency department with chest pain, and the hospital keeps you for 2 nights for observation services.	Outpatient	Nothing	Doctor services and hospital outpatient services (for example, emergency department visit, observation services, lab tests, EKGs)
You come to the hospital for outpatient surgery, but they keep you overnight for high blood pressure. Your doctor doesn't write an order to admit you as an inpatient. You go home the next day.	Outpatient	Nothing	Doctor services and hospital outpatient services
Your doctor writes an order for you to be admitted as an inpatient and the hospital later tells you they're changing your status to outpatient. Your doctor must agree, and the hospital must tell you in writing - while you're still in the hospital - that your status changed.	Outpatient	Nothing	Doctor services and hospital outpatient services



**REMEMBER:** Even if you stay overnight in a regular hospital bed, you might be an outpatient. Ask the doctor or hospital.

## **How would my hospital status affect the way that Medicare covers care I get in a skilled nursing facility (SNF)?**

Medicare will only cover care you get in a SNF if you first have a “qualifying hospital stay.” A qualifying hospital stay means you’ve been a **hospital inpatient** for at least 3 days in a row (counting the day you were admitted as an inpatient, but not counting the day of your discharge). If you don’t have a 3-day inpatient hospital stay, ask if you can get care after your discharge in other settings (like home health care) or if any other programs (like Medicaid or Veterans’ benefits) can cover your SNF care. **Always ask your doctor or hospital staff if Medicare will cover your SNF stay.**

## **How would a hospital’s observation services affect my SNF coverage?**

Your doctor may order “observation services” to help decide whether you need to be admitted to the hospital as an inpatient or can be discharged.

During the time you’re getting observation services in the hospital, you’re considered an outpatient. This means you can’t count this time towards the 3-day inpatient hospital stay needed for Medicare to cover your SNF stay.

For more information about how Medicare covers care in a SNF, visit [www.medicare.gov/Publications/Pubs/pdf/10153.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10153.pdf) to view the booklet “Medicare Coverage of Skilled Nursing Facility Care.”



## How would a hospital's observation services affect my SNF coverage? (continued)

Below are some common hospital situations that may affect your SNF coverage.

Situation	Is your SNF stay covered?
You came to the emergency department and were formally admitted to the hospital with a doctor's order as an inpatient for 3 days, and you were discharged on the fourth day.	Yes, you met the 3-day inpatient stay requirement for a covered SNF stay.
You came to the emergency department and spent 1 day getting observation services. Then, you were an inpatient for 2 more days.	No. Even though you spent 3 days in the hospital, you were considered an outpatient while getting emergency department and observation services. These days don't count toward the 3-day inpatient stay requirement.

**Remember:** An inpatient admission begins the day you're formally admitted to the hospital with a doctor's order. That date is your first inpatient day. The day you are discharged doesn't count as an inpatient day.

### What are my rights?

No matter what type of Medicare coverage you have, you have certain guaranteed rights. As a person with Medicare, you have the right to all of the following:

- Have your questions about Medicare answered
- Learn about all of your treatment choices and participate in treatment decisions
- Get a decision about health care payment or services, or prescription drug coverage
- Get a review of (appeal) certain decisions about health care payment, coverage of services, or prescription drug coverage
- File complaints (sometimes called grievances), including complaints about the quality of your care

For more information about your rights, the different levels of appeals, and Medicare notices, visit [www.medicare.gov/Publications/Pubs/pdf/10112.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10112.pdf) to view the booklet "Your Medicare Rights and Protections." You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



## Where can I get more help?

- For more information on Part A and Part B coverage, read your “Medicare & You” handbook, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- For more information about coverage of self-administered drugs, view the publication “How Medicare Covers Self-administered Drugs Given in Outpatient Settings” by visiting [www.medicare.gov/Publications/Pubs/pdf/11333.pdf](http://www.medicare.gov/Publications/Pubs/pdf/11333.pdf).
- To ask questions or report complaints about the quality of care for a Medicare-covered service, call your Quality Improvement Organization (QIO). Call 1-800-MEDICARE to get the telephone number. Or, visit [www.medicare.gov](http://www.medicare.gov), and select “Find Helpful Numbers and Websites.”
- To ask questions or report complaints about the quality of care or the quality of life in a nursing home, call your State Survey Agency. Call 1-800-MEDICARE to get the telephone number. Or, visit [www.medicare.gov](http://www.medicare.gov), and select “Find Helpful Numbers and Websites.”