



MEDICALLY-NECESSARY SERVICES COVERED BY MEDICARE PART B

- **Ambulance Services**
- **Blood**
- **Cardiac Rehabilitation**
- **Chiropractic Services (limited)**
- **Clinical Laboratory Services**
- **Clinical Research Studies**
- **Defibrillator (Implantable Automatic)**
- **Diabetes Supplies**
- **Doctor Services (including while you are hospitalized)**
- **Durable Medical Equipment (like walkers)**
- **EKG Screening**
- **Emergency Department Services**
- **Eyeglasses (limited)**
- **Federally-Qualified Health Center Services**
- **Foot Exams and Treatment (Diabetes-related)**
- **Glaucoma Tests**
- **Hearing and Balance Exams**
- **Home Health Services**
- **Kidney Dialysis Services and Supplies**
- **Kidney Disease Education Services**
- **Medical Nutrition Therapy Services**
- **Mental Health Care (outpatient)**
- **Non-doctor Services**
- **Occupational Therapy**
- **Outpatient Medical and Surgical Services and Supplies**
- **Pap Tests and Pelvic Exams (includes clinical breast exam)**
- **Physical Exams**
- **Physical Therapy**
- **Prescription Drugs (limited)**
- **Prostate Cancer Screenings**
- **Prosthetic/Orthotic Items**
- **Pulmonary Rehabilitation**
- **Rural Health Clinic Services**
- **Second Surgical Opinions**
- **Speech-Language Pathology Services**
- **Surgical Dressing Services**
- **Telehealth**
- **Tests (other than lab tests)**
- **Transplants and Immunosuppressive Drugs**