

Medicare's approved payment amounts

What is the Medicare-approved amount?

Medicare sets a price for how much a provider should be paid for a particular service. This is known as the approved amount, or assignment.

How can I find out the Medicare-approved amount?

First, ask your doctor. Your doctor is sent a list of Medicare's approved charges by the Medicare carrier.

You can also review the Explanation of Medicare Benefits (EOMB) form or the Medicare Summary Notice (MSN) form, which the Medicare carrier sends you. It lists the provider's name, date, type of service, the amount billed and the amount approved by Medicare.

What is a limiting charge?

A limiting charge is the amount of money above the Medicare-approved amount that a non-participating provider can charge for their services.

New York state law limits non-participating physicians from charging more than 5% over Medicare's approved payment amount for most services.

Services that aren't included in the state law, like certain home and office visits involving evaluation and management services, are capped by federal law at no more than 15% over Medicare's approved payment amount.

Dear Neighbor,

Medical costs are rising, making it hard for seniors on fixed incomes to afford quality health care.



This brochure explains how the Mandatory Medicare Assignment Law works in different situations and how New York state limits the amount non-participating physicians can charge Medicare patients. Please read through it so that you know your rights as you seek and obtain medical care.

If you need help navigating your Medicare insurance, the New York Health Insurance Information, Counseling and Assistance Program (HIICAP) can help you connect with a trained counselor by calling their toll-free HIICAP helpline at **800-701-0501**.

As always, contact my office if I can assist you further with this or any other matter.

Sincerely,

A handwritten signature in black ink that reads "Carl E. Heastie".

Carl E. Heastie
Speaker of the Assembly

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Physician Charges

→ Know your rights



Courtesy of
**Speaker of the Assembly
Carl E. Heastie**

If your doctor is a participating physician

Participating: accepts Medicare ✓

- If your doctor is a participating physician, they have already agreed to accept Medicare's approved payment amount as full payment for services.
- Medicare coverage will pay participating physicians 80% of Medicare's approved payment amount. They may only bill you for the remaining 20%, which is usually picked up by supplemental Medigap policies.
- You can locate a participating provider by visiting [medicare.gov/care-compare](https://www.medicare.gov/care-compare) or by calling Medicare Customer Service at 800-MEDICARE (800-633-4227).

If your doctor is a non-participating physician

Non-participating: up to the provider ?

- If your doctor is a non-participating physician, they accept Medicare but may or may not agree to accept Medicare's approved payment amount as full payment for health care services.
- If your doctor does not agree to accept Medicare's approved payment amount, they are responsible for complying with state law and can only charge you an additional 5% for most services.
- For Medicare Part B, you will be reimbursed 80% of Medicare's approved payment amount after you have met the annual deductible.

Physician private contracting (opt-out)

Opt-out: doesn't accept Medicare ✗

- Doctors can choose to opt out of Medicare. Instead, they will sign a private contract with you to provide services that would normally be covered by Medicare.
- A provider who opts out of Medicare has no limit to what they can charge, and neither they nor you can be reimbursed by Medicare or Medigap.
- Once a provider has chosen to opt out, they can't submit any claims to Medicare for reimbursement for two years.
- If you sign a private contract with a particular physician, you can still obtain Medicare-reimbursed services from other providers who have not chosen to opt out. Medicare will still cover emergency services by a physician that has opted out.
- A list of practitioners who have opted out of Medicare can be found at data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/opt-out-affidavits.

Remember, always ask your doctor's office staff if the doctor participates, is non-participating or has opted out of Medicare before scheduling an appointment – and check with them again right before your scheduled appointment.

What to do if you think you have been overcharged:



- Inform your doctor that based upon Medicare's approved payment amount listed on your EOMB or MSN form – along with the limits on the amount he or she can charge in excess of the approved payment amount – you believe you have been overcharged.
- If you have already paid up front for the doctor's service, ask the doctor to refund the amount that you were overcharged.

Sources: U.S. Centers for Medicare and Medicaid Services ([medicare.gov](https://www.medicare.gov)), NYS Office for the Aging (aging.ny.gov).

