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 Discussion 8

Medicare part A and Medicare part B are two different names. Medicare part A is often termed as hospital insurance from a broader perspective. It provides coverage in terms of inpatient care and hospital stays. It is predominantly important that the prescription is clinically necessary for the patient and the physicians have recommended it as a required treatment plan for the prevention and anticipation of the disorder or illness (Hirsch et al.). Medicare part b is a term often named as medical insurance as it delivers services related to the medical care of patients. Again it must be recommended by the physicians as a necessary treatment (Hirsch et al.). Coverage that is covered by Medicare part A includes hospice services such as physical therapy and nursing care whereas coverage covered by Medicare part b includes emergency and laboratory services and also visits and outpatient surgery (Hirsch et al.). It also covers services of rehabilitation such as diabetes screening, tobacco cessation and HIV/AIDS screening and counseling.

Cost of Medicare part A would be delivered if the patient is above 65 age and has social security benefits or has paid taxes when he/she or the spouse was deployed wit government. If the patient is not qualifying the required criteria he/she has to pay a premium for it and it is around $437 in 2019 (Schrag). However, the premium cost of Medicare part B has to be paid monthly and it is around $185 in 2019.

Medicare part A covers physical therapy services to be delivered to the patients and prescription is verified by the physicians that the therapy is necessary for the treatment. In Medicare part A, if the physical therapists have delivered 10% of the services as per prescription (Schrag). Medicare part A reimburse payment of more than 80% (approximately) of the cost predominantly for outpatient therapy services.

# Works Cited

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