“Who pays for the drugs when you are in the hospital?”

I want to bring to your attention an issue which happened to one of our members. Her husband went to the hospital for a heart issue and was classified as an outpatient. He was given drugs for which he had prescriptions at home (but could not bring into the hospital) and then was billed $1900+ for the medications. They were also denied coverage by their Medigap plan but are appealing that decision. This issue is discussed on page 54 of your 2015 Medicare and You book and page 61 of the 2016 edition under drugs. I quote “If the drugs you get in a hospital outpatient setting are part of your outpatient services, you pay a copayment for the services. However, other types of drugs in a hospital outpatient setting (sometimes called “self-administered drugs” or drugs you would normally take on your own) AREN’T COVERED BY PART B. What you pay depends on whether the hospital’s pharmacy is in your drug plan’s network.” The status of one’s classification as a patient in the hospital is crucial. Make sure that your doctor is aware of the consequences of being “under observation” or an “outpatient” in the hospital. I also cannot emphasize enough how important it is to READ your MEDICARE AND YOU book.

NOTE: This material aims only to create awareness, and is not intended as expert or professional advice, nor “endorsed” by CalRTA. Please carefully review with qualified resources and legal advisors prior to acting.

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2/4/2016