

Statutorily Excluded

Statutorily excluded refers to Medicare benefits that are never covered according to law. "Statutory" refers to written law.

Medicare does not pay for all health care costs. Certain items or services are program or statutory exclusions and will not be reimbursed by Medicare under any circumstances. When a patient receives an item or service that is not a Medicare benefit, they are responsible for payment, personally or through any other insurance that they may have. Most practices use the Advance Beneficiary Notice of Nonpayment (ABN) to alert the patient to their personal financial responsibility for the service, **although use of the ABN is not required for statutorily excluded services.** See the Library tab for a link to the current ABN form.

Some items that are statutory exclusions are:

- Personal comfort items
- Routine immunization(s); other than pneumococcal, flu and hepatitis B
- Self-administered drugs and biologicals
- Cosmetic surgery
- Routine physical examinations (exception is the Welcome to Medicare Exam); laboratory tests and X-rays; other than covered screening diagnostic tests (e.g. mammography)
- Eyeglasses or contact lenses (in the absence of aphakia or surgical removal of cataracts)
- Eye exams for the purpose of prescribing, fitting or changing eye glasses or contact lenses in the absence of disease or injury to the eye
- Eye refractions
- Hearing aids
- Routine dental services (e.g., care, treatment, filling,

- removal or replacement of teeth)
- Supportive devices for the feet
- Routine foot care (e.g., cutting or trimming of corns or calluses, unless inflamed or infected; routine hygiene; palliative care, trimming of nails)

The recently passed healthcare reform bill has the potential to change some of the benefits listed above. Note also that some Medicare Advantage plans provide additional benefits beyond the scope of original Medicare.