

MEDICAID	MEDICARE COVER?	Part A or B?
MANDATORY		
Inpatient hospital services	Yes	A
Outpatient hospital services	Yes	B
EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services	No	
Nursing Facility Services	Yes	A
Home health services	Yes	A & B
Physician services	Yes	B
Rural health clinic services	Yes	B
Federally qualified health center (FQHC) services	Yes	B
Laboratory and X-ray services	Yes	B
Family planning services	Not comparable benefit	*Medicare covers pregnancy care
Nurse Midwife services	Yes	A & B
Certified Pediatric and Family Nurse Practitioner services	Yes	B
Tobacco cessation counseling for pregnant women (Vermont elected to covered all)	Yes	B (everyone)
Transportation to medical care	No	
OPTIONAL		
Prescription drugs	Yes	B & D
Clinic services	Yes	B
Physical therapy	Yes	B
Occupational therapy	Yes	B
Speech, hearing and language disorder services	Yes	B
Respiratory care services	Yes	B
Other diagnostic, screening, preventive and rehabilitative services	Yes	B

****Original Medicare, does not include Part C (Medicare Advantage plans), but Medicare Advantage plans required to cover everything covered by Original Medicare***

****Part A is Hospital Insurance***

****Part B is Medical Insurance***

****Part D is Outpatient Rx Drug Insurance***

Podiatry services	Yes	B
Optometry services	Yes	B
Dental services	No	
Dentures	No	
Prosthetics	Yes	B
Eyeglasses	Yes	B
Chiropractic services	Yes	B
Other practitioner services	Yes	B
Private duty nursing services	No	
Personal Care	Not comparable benefit	
Hospice	Yes	A
Case management	No	
Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)	Not comparable benefit	
Services in an intermediate care facility for Individuals with Intellectual Disability	Not comparable benefit	
Inpatient psychiatric services for individuals under age 21	Yes	A
Tuberculosis Related Services	Not comparable benefit	