

TennCare Services Not Covered by Medicare for Adults Age 21 and Over

Note: While TennCare services are specifically listed in federal and state regulations, Medicare services are less clearly designated. (The state has no oversight over the Medicare program.) The following list is a general list only and should not be read to be all-inclusive.

TennCare Services

Service and TennCare Coverage Situations	Reference Documenting Medicare Limits or Non-Coverage
Inpatient hospital services are covered as medically necessary.	Medicare covers up to 90 inpatient days in each benefit period, as well as a non-renewable lifetime reserve of 60 days that may be used when an individual has been hospitalized for more than 90 days in a benefit period. <i>42 CFR 409.61(a)</i>
Psychiatric inpatient facility services are covered as medically necessary.	Medicare covers up to a lifetime limit of 190 days of psychiatric hospital services. <i>42 CFR 409.62</i>
Psychiatric residential treatment services are covered as medically necessary.	Not covered by Medicare, since this is not a hospital service.
Nursing Facility services (Level 1 and Level 2) are covered as medically necessary for those meeting the medical and financial eligibility criteria.	Medicare covers SNF (Level 2) care, with a limit of 100 days per benefit period. <i>42 CFR 409.61(b)</i>
Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) are covered as medically necessary for those meeting the medical and financial eligibility criteria.	Not covered by Medicare, since this is not a SNF level of care.
Home health care may not be denied because a patient is homebound.	Medicare covers home health only for individuals who are homebound—that is, confined to a home or in an institution that is not defined as a hospital, SNF, or nursing facility. <i>42 CFR 409.42</i>
Home health may not be denied because it is considered “custodial” care.	Medicare excludes coverage of custodial care except as part of the hospice benefit. <i>42 CFR 411.15(g)</i>
Non-emergency transportation by ambulance and other modes is covered if the enrollee lacks access to transportation services.	Medicare covers transportation costs only if the service is provided by an ambulance for a person who cannot use any other means of transport without endangering his or her health. Transportation is generally provided to the nearest appropriate facility that is equipped to meet the patient’s need. <i>Medicare Benefit Policy Manual, Chapter 10 (Ambulance Services)—Sections 10.2.1, 10.3, etc.</i>

Service and TennCare Coverage Situations	Reference Documenting Medicare Limits or Non-Coverage
Private duty nursing is covered as medically necessary, subject to certain limits found in Rules 1200-13-13-.01 and 1200-13-14-.01.	Medicare does not cover the services of a private duty nurse or attendant in a hospital. No mention is made of coverage of these services outside of a hospital. <i>42 CFR 409.12</i>
A variety of outpatient mental health services are covered as medically necessary. These include mental health case management, mental health crisis services, outpatient mental health services, clinic services, and psychiatric rehabilitation services.	Mental health services covered by Medicare do not correspond on a one-to-one basis with those covered by TennCare. Medicare's coverage is defined according to various types of providers and facilities, rather than individual services. These providers and facilities include physicians, clinical psychologists, clinical social workers, clinical nurse specialists, nurse practitioners, physician's assistants, outpatient hospitals, and clinics. Individual and group therapy, as an example, may be covered when delivered by doctors or certain other licensed professionals but not when delivered by a paraprofessional. Partial hospitalization (intensive outpatient treatment) is covered when provided directly by a physician. <i>Source of information: Medicare and Your Mental Health Benefits, published by CMS.</i>

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