



Part B Excess Charges in Connecticut

What are Part B Excess Charges?

Part B Excess charges are charges up to 15% above the Medicare-approved rate for Part B covered services.

Any medical provider who accepts Medicare and provides Medicare Part B covered services, but who doesn't accept Medicare assignment (the Medicare-approved rate for services), can charge up to 15% above the Medicare-approved rate for services rendered. This is most often seen with specialists, such as psychiatrists and other behavioral health providers.

You can use [Medicare.gov](https://www.medicare.gov)'s provider search tool to view whether a provider accepts Medicare assignment.

A note about Durable Medical Equipment:

There is no 15% limiting charge on DME under Part B. If a supplier is enrolled, but not assigned, there is no excess charge limit for DME. For more info:

<https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage>

Can Connecticut Medicare Beneficiaries be charged Part B excess charges?

Yes, unless they are enrolled in QMB.

There is some incorrect and misleading information on certain websites stating that Medicare Beneficiaries in Connecticut cannot be charged Part B Excess charges.

However, this exception applies only to individuals enrolled in the Qualified Medicare Beneficiary (QMB) level of the Medicare Savings Program.

All other individuals in Traditional Medicare can be charged Part B excess charges. As such, some individuals who wish to see Medicare providers who do not take assignment may wish to purchase a Medigap policy which covers Part B Excess charges.