HOUSTON RETINA ASSOCIATES
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Understanding Medicare Coverage

A patient handout for people receiving eye injections and other office-based retina care

Reviewed by Henry Lin, MD, PhD

Important: Many retina injections are billed through Medicare Part B because they are given in the office. Coverage does not always mean the full cost is paid.

Traditional Medicare vs. Medicare Advantage for Retina Care

Topic	Traditional Medicare (Part A + Part B)	Medicare Advantage (Part C)
Coverage for office injections	Usually covered under Part B when medically necessary and given in the office. After the Part B deductible, Medicare generally pays 80% of the approved amount, so patients owe about 20% unless they have supplemental coverage.	Plan must cover medically necessary Medicare-covered services, but your cost-sharing is set by the plan. Patients may still owe substantial amounts for visits, imaging, and injection drugs.
Supplement / secondary coverage	Medigap or other secondary insurance may reduce or eliminate much of the patient responsibility, depending on the policy.	Medigap cannot be used with Medicare Advantage. Your out-of-pocket costs are determined by the Medicare Advantage plan.
Extra approvals	In most cases, Traditional Medicare does not require prior authorization for covered office-based retina injections or related services.	Many plans require prior authorization before certain services, tests, or medications are approved, which can delay treatment.
Drug rules	No plan-level step therapy in Traditional Medicare fee-for-service.	Some plans may use step therapy for Part B drugs, meaning a lower-cost or preferred drug may need to be tried first.

What this may mean in real life: coverage for an injection may still leave a patient with either a large bill under Traditional Medicare without supplemental/secondary coverage, or delays and extra plan barriers under some Medicare Advantage plans.

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Questions patients should ask before enrolling or switching plans:

- Will my retina specialist and injection center be in-network?
- What will I owe for office visits, imaging, and Part B injection drugs?
- Does the plan require prior authorization for retina injections or related testing?
- Does the plan use step therapy for Part B drugs?
- If I stay in Traditional Medicare, do I have Medigap (Plan G) or other secondary coverage to help with the 20% coinsurance?

Please Note:

This handout is for general education only. Benefits, copays, networks, authorizations, and secondary coverage vary by plan and by year. Patients should review their Evidence of Coverage, talk with their insurer or licensed agent, and ask our staff if a planned treatment may need authorization.

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Sources: Medicare.gov and CMS materials on Part B drug coverage, Medigap, Medicare Advantage comparisons, and CMS guidance on prior authorization and step therapy for Part B drugs. Practice contact details and office addresses from Houston Retina Associates website.

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