



Choosing Treatments

A Guide for People With Medicare

Developed jointly by
the Centers for Medicare & Medicaid Services
and the Agency for Healthcare Research and Quality

How This Booklet Can Help You

Treatment is something done to help with a health problem. There are many kinds of treatment—for example, taking medicine or having surgery. Sometimes a health problem can be treated in more than one way. If you need treatment for a health problem, this booklet can help you take part in choosing the treatment that’s best for you.

Getting good quality health care means getting the treatments that are right for you when you need them. It’s important to work closely with your doctor to make sure this happens. Sometimes people get treatments that they don’t need or that are not right for them. These treatments can be costly and harmful.

Medicare offers you different ways to get your health care. The way you get your Medicare health care can affect many things like doctor choice, cost, benefits, convenience, and quality. Look on pages 4–5 to find out about your Medicare health plan choices.

All the basics you need to know are in sections one through three. Sections four and five have more details for those who want them.

Choosing Treatments isn’t a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

The information in this booklet was correct when it was printed. Changes may occur after printing. For the most up-to-date version, look at www.medicare.gov on the web. Select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227). A Customer Service Representative can tell you if the information has been updated. TTY users should call 1-877-486-2048.

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This guide has a lot of tips and questions to help you make the choices that are best for you. But, it’s not necessary, or even possible, for every person to do everything this Guide suggests. Do as much or as little as you feel comfortable with.

A Few Words About Your Medicare Health Plan Choices



Medicare offers you different ways to get your Medicare benefits. These different options are called Medicare health plans. Some private companies contract with the Medicare program to offer Medicare health plans. How you get your health care in the Medicare program depends on which plan you choose. Depending on where you live, you may have more than one plan to choose from.

Medicare offers the following types of Medicare health plans:

Original Medicare Plan (sometimes called fee-for-service)

Everyone with Medicare can join the [Original Medicare Plan](#). This plan is available nationwide. In the Original Medicare Plan you may go to any doctor or specialist who accepts Medicare and is accepting new Medicare patients, or to any hospital or other facility. Generally, a fee is charged each time you get a health care service. You pay a set amount for your health care before Medicare pays its part. Then, Medicare pays its share, and you pay your share ([coinsurance](#) or [copayment](#)).

You are in the Original Medicare Plan if you use your red, white, and blue Medicare card when you get your health care.

Medicare Advantage Plans (new name for “Medicare + Choice Plans”)

You can get your coverage through the Original Medicare Plan or [Medicare Advantage Plans](#). Congress created the Medicare Advantage program to provide you with more choices and, sometimes, extra benefits, by letting private companies offer you your Medicare benefits. Your choices may include the following:

- [Medicare Managed Care Plans](#)—You usually are required to see doctors in the plan’s network. A primary doctor coordinates your health care. Referrals are required for most services and to see doctors out of the plan’s network.
- [Medicare Private Fee-for-Service Plans](#)—You can see any doctor that accepts the plan’s payment. No referrals are necessary.
- [Medicare Preferred Provider Organization Plans](#)—You can see any doctor, but it costs less to see doctors in the plan’s network. No referrals are necessary.
- [Medicare Specialty Plans](#)—A special type of plan that provides more focused health care for specific people.

Remember, words in [green](#) are defined on pages 32–34.

Medicare Advantage Plans (continued)

Medicare Advantage Plans must cover at least the same benefits covered by Medicare Part A and Part B. However, your costs may be different, and you may be able to get extra benefits like coverage for extra days in the hospital.

These plans are available in many areas of the country. For information about the Medicare health plans available in your area, look at www.medicare.gov on the web. Select “Medicare Personal Plan Finder.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare pays a set amount of money for your care every month to these private health plans. In turn, the Medicare Advantage Plan manages the Medicare coverage for its members. If Medicare Advantage Plans are available in your area, and you have Medicare Part A and Part B, you can join one and get your Medicare-covered benefits through the plan. The plan may have special rules that you need to follow. You may also have to pay a monthly premium for the extra benefits.

It’s important to know how you get your Medicare health care. To learn more about Medicare, get a free copy of the *Medicare & You* handbook (CMS Pub. No. 10050) by looking at www.medicare.gov on the web. Select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227).

You can look at www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227) to get the most up-to-date and detailed health plan information for your area. TTY users should call 1-877-486-2048.

2

Steps to Choosing a Treatment



Often, getting treatment for a health problem is not an emergency. This means you have time to talk with your doctor about the kind of treatment that may be best for you. There are four steps to choosing a treatment:

STEP 1. Work with your doctor to find out what the health problem is.

STEP 2. Get the diagnosis and learn what it means to you.

STEP 3. Learn about your treatment options.

STEP 4. Choose the treatment that is best for you.

Read on for more about these steps.

STEP 1. Work with your doctor to find out what the health problem is.

Before you and your doctor can think about treatment, you have to find out what the health problem is. This means talking with your doctor about any changes in your health that concern you. Then you may need tests to help your doctor learn about the health problem.

STEP 1 (continued)

Talking with your doctor. Before you go to see your doctor, take some time to think about the health problems that concern you. You may want to ask yourself the questions below. Then give this information to your doctor. Be sure to tell your doctor what is bothering you the most.

- What has changed about your health? What feels or looks different?

- When did these changes start?

- When do these changes happen?

- Is the health problem getting better? Is it getting worse?

- Are there things that make the health problem better or worse?
What are they?

- Does the health problem affect eating, sleeping, or other activities?
If so, how?

- What have you done for the health problem? Have you taken any medicine?

STEP 1 (continued)

It may help to write down a list of

- All the prescriptions you use now.
- Anything else you take, including things you buy over the counter at the drug store or anywhere else—for example, herbs or vitamins.
- Any prescriptions and over the counter medicines you have used in the past for this health problem.
- Any surgeries you have had in the past.
- Any other health problems you have.

Take this list with you and give it to your doctor.

Tests to find out what the health problem is. Blood tests, x-rays, and other tests may help your doctor learn about your health problem. Here are some questions you may wish to ask about tests.

- How is the test done? How long does it take?

- What will the test tell us?

- Can the test cause any health problems?

- How much does the test cost? Will Medicare pay for it?
How much will I have to pay?

STEP 1 (continued)

- Do I need to do anything before the test?

- Will it hurt to have the test?

- How will I get the test results? How long will it take to get the results?

- Is this test the only way to find out what we need to know?
If there are other ways, what are they?

- Might I need other tests?

- What is the next step after the test?

Before the test. Things you do before the test can affect how well the test comes out. For example, some tests need to be done on an empty stomach. If you eat before you have the test, the result may be wrong. Ask your doctor what you should do—or not do—before you have a test.

After the test. Ask your doctor how long it will take to get the test results. Often your doctor's office will call you to tell you the results. But sometimes your doctor's office won't call you if the test results are normal. If you don't hear from your doctor, call the doctor's office to ask for your test results.

Sometimes tests need to be done again. Sometimes your doctor will want you to have more tests. Ask your doctor if your test needs to be done again or if you need more tests.

STEP 2. Get the diagnosis and learn what it means to you.

Sometimes it's easy for your doctor to diagnose your health problem. At other times, it may be hard to find out exactly what's wrong. In that case, your doctor might want you to see another doctor for a **second opinion** about your health problem.

When you get the **diagnosis**, it's important that you understand what it means. Ask your doctor (or someone else in your doctor's office) to explain what you have and how it might affect you and others in your family. Here are some questions you may want to ask:

- What do I have?

- What is the outlook for this health problem?

- Will I need to make changes in my daily life?

- Could someone else in my family get the same health problem?

Remember,
words in
green are
defined on
pages 32–34.

STEP 2 (continued)

- Will I need special help at home for my health problem?
If so, what type of help?

- Do you have anything I can take home and read about my health problem?

- Is there a support group for people with my health problem?

STEP 3. Learn about your treatment options.

Often there is more than one way to treat a health problem. The next step is for you and your doctor to look at these **treatment options**. Here are some examples of the choices you may have for treating your health problem:

- **Seeing a specialist.** For example, if you have a heart problem, your doctor may want you to see a doctor who treats only heart problems.
- **Changing your behavior.** For example, if you have high cholesterol, your doctor may want you to eat a low-fat diet and get more exercise.
- **Taking medicine your doctor orders.** For example, if you have high blood pressure, your doctor may want you to take medicine to lower it.
- **Taking medicine you buy “over the counter.”** For example, if you are having pain, your doctor may suggest that you take a pain medicine that you can buy “over the counter,” like Tylenol[®] (or another form of acetaminophen) or aspirin.*
- **Surgery.** For example, if you have bad arthritis in your knee, your doctor may want you to have surgery to replace the knee joint.
- **“Watchful waiting.”** This means that you and your doctor watch for more changes in your health. If there is a change, treatment might be the next step.

*Mention of a product brand name is intended as an example only and does not imply endorsement by the Centers for Medicare & Medicaid Services or the Agency for Healthcare Research and Quality.

STEP 3 (continued)

All treatments have **pros and cons**. Here are some questions you may want to ask your doctor about treatment for your health problem:

- What is the best treatment for what I have? Are there other choices?

- What are the chances the treatment will work?

- What good effects can I expect from the treatment?
When will I see them?

- What **side effects** might I get from the treatment?
What can be done about them?

- Will the treatment affect any other medicines I take?
Will food I eat affect the treatment?

Remember,
words in
green are
defined on
pages 32–34.

STEP 3 (continued)

- Will the treatment hurt? What can I take if I have pain?

- How much does the treatment cost? Does Medicare cover it?
How much will I have to pay?

- What might happen if I choose to have no treatment at all?

- Can you give me something to read about treatment for my health problem?

To help you decide if a treatment is right for you, you may want to make a chart of the treatment's **pros and cons**. Here's an example.

Pros	Cons
This treatment has helped other people who have my condition.	I have to pay a lot for the medicine.
I only need to take the medicine once a day.	The medicine might give me a rash or an upset stomach.
The medicine has no major side effects .	

STEP 3 (continued)

What if your doctor says you need surgery? Some surgery has to be done right away. But most surgery is not an emergency. That means you have time to talk with your doctor and decide what's best for you.

No surgery—not even minor surgery—is risk free. Learning about the **pros and cons** of surgery can help you decide if it's right for you. Research shows that patients are often more satisfied with the results of surgery when they know the facts about it.

Here are some questions you may want to ask before you decide to have surgery:

- What is the exact name of the surgery you think I should have?

- How often does this kind of surgery help my health problem?
How much does it help?

- Where will the surgery be done?
Have a lot of these surgeries been done there?

- Do you often work with this surgeon?
Has he or she done a lot of these surgeries?

Remember,
words in
green are
defined on
pages 32–34.

STEP 3 (continued)

- What are the **pros and cons** of this surgery?

- How much does the surgery cost? Will Medicare pay for it?
How much will I have to pay?

- Is there anything I should do before the surgery?
Is there anything I should not do?

- What problems might happen after the surgery?

- What can I take if I have pain after the surgery?

- How long will it take me to get better? Will I need therapy?
What kind?

- Will I need help at home after the surgery? What kind of help? Will Medicare pay?

- Do I really need this surgery? Are there other ways to treat my health problem?

STEP 3 (continued)

- If there is another way to treat my problem, how much does it cost? Will Medicare pay for it? How much will I have to pay?

- What are the **pros and cons** of treating my problem another way?

- What might happen if I wait to have surgery? Or never have it at all?

Getting a second opinion. A second opinion from another doctor can help you decide if a treatment is right for you. Sometimes your doctor will suggest that you get a second opinion. But don't be shy about asking for one. Most doctors want their patients to know as much as possible about their health problem.

If you are in the Original Medicare Plan: Medicare will help pay for a second opinion for treatment of health problems covered by Medicare. If the first two opinions are different from each other, Medicare will help pay for a third opinion.

If you are in a Medicare Managed Care Plan: You have the right to get a second opinion. But some plans will only pay for a second opinion if you first get a **referral** from your **primary care doctor**. (A referral is a written OK.) You must get the second opinion from the doctor named in the referral. If you want to get a second opinion from a doctor who doesn't belong to your plan, talk to your plan first. Some plans will pay if you do this, but most will not.

If you are in a Medicare Private Fee-for-Service Plan or a Medicare Preferred Provider Organization Plan: The plan will pay for a second opinion for treatment of health problems covered by Medicare. If the first two opinions are different from each other, the plan will pay for a third opinion.

Remember, words in green are defined on pages 32–34.

STEP 3 (continued)

For help finding a doctor to give you a second opinion, ask

- Your doctor.
- A local medical school.
- A local medical society.
- A university or teaching hospital.
- A trusted friend with the same health problem.

Before you go for the visit to get a **second opinion**, talk with your doctor about what you should take with you. Your doctor's office usually can help you get test results, x-rays, and anything else that the other doctor may need to see.

STEP 4. Choose the treatment that is best for you.

By now, if you have followed the steps above, you and your doctor may be ready to choose the treatment that's best for you. If you understand the plan for your treatment, you are more likely to do your part to make it work. Here are some things you can do to help make your treatment work:

- Ask your doctor about anything you don't understand.
- Talk with your doctor about what you can do to help the treatment work. Tell the doctor if you have trouble with anything you agree to do to help the treatment work.
- Tell your doctor if you make any changes in the plan for your treatment.
- Tell your doctor if you feel worse or if you have **side effects** from the treatment.

Getting support. “Self-help” groups offer support for people with health problems. Members of these groups are people who have “been there.” Getting support can help you stick with the treatment you and your doctor choose.

The American Self-Help Clearinghouse can tell you about support groups in your area for people with your health problem. It can also help you start your own self-help group.

American Self-Help Clearinghouse
St. Clare’s Health Services

25 Pocono Road, Denville, NJ 07834-2995

1-973-326-6789

If calling from New Jersey only: 1-800-367-6274

www.njshc.org

Things to Remember

- **Getting quality health care means getting the treatments that are right for you when you need them.**
- **Sometimes people get treatments they don’t need. These treatments are costly and can be harmful.**
- **All treatments have pros and cons. Most treatments have **side effects**.**
- **Most surgery is not an emergency. Surgery is never risk-free.**

3

Your Medicare Rights



If you have Medicare, you have certain guaranteed rights to help protect you. One of these is the right to a fair, efficient, and timely process for appealing decisions about health care payment or services. **No matter how you get your Medicare health care, you always have the right to appeal.** Some of the reasons you may appeal are when

- you don't agree with the amount that is paid.
- a service or item isn't covered, and you think it should be covered.
- a service or item is denied, and you think it should be paid.

Information on how to file an appeal is on the Medicare Summary Notice (if you have the [Original Medicare Plan](#)) or in your health plan materials (if you have a [Medicare Advantage Plan](#)). If you decide to file an appeal, ask your doctor or provider for any information that may help your case. You can also call your State Health Insurance Assistance Program for help filing an appeal. Call 1-800-MEDICARE (1-800-633-4227) to get the telephone number for your State Health Insurance Assistance Program.

If you are in the Original Medicare Plan, you are protected from unexpected bills. A doctor or supplier may give you a notice that says Medicare probably (or certainly) won't pay for a service. If you still want to get the service, you will be asked to sign an agreement that you will pay for the service yourself if Medicare doesn't pay for it. This is called an Advance Beneficiary Notice. Advance Beneficiary Notices are used in the Original Medicare Plan, but not in other Medicare health plans.

Remember, words in [green](#) are defined on pages 32–34.

If you aren't sure if Medicare was billed for the services that you got, write to the health care provider and ask for an itemized statement. This statement will list each Medicare item or service you got from that provider. You should get it within 30 days. Also, you can check your Medicare Summary Notice to see if the service was billed to Medicare.

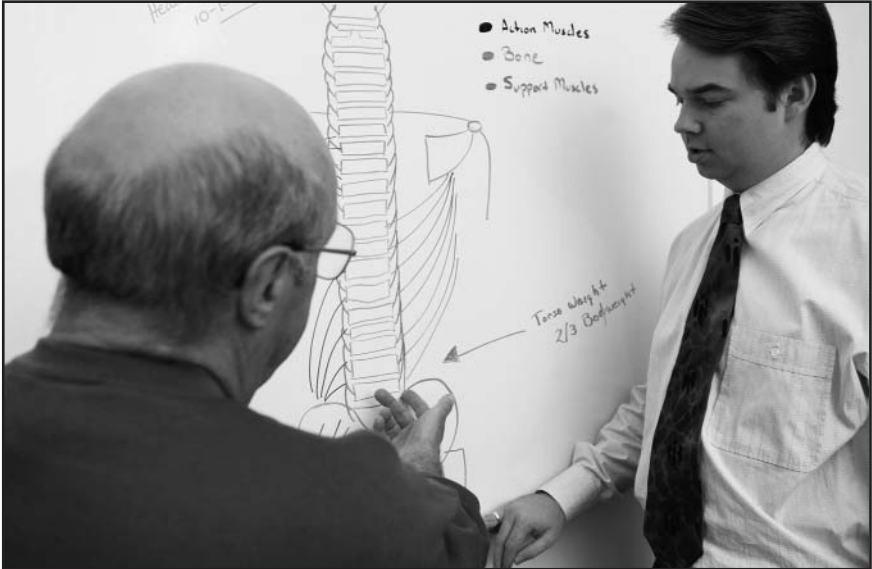
If you are in a [Medicare Advantage Plan](#), call your plan to find out if a service or item will be covered. The plan must tell you if you ask.

In addition, you have certain rights to

- information
- get emergency services
- see doctors; specialists, including women's health specialists; and go to Medicare-certified hospitals
- participate in treatment decisions
- know your treatment choices
- get information in a culturally competent manner in certain circumstances (for example, getting information in languages other than English from Medicare, and its providers and contractors)
- file complaints
- nondiscrimination
- privacy of personal information
- privacy of health information

4

If You Want to Know More



This section has more detailed information about choosing treatments.

Making Sure Your Test Results Are Right

You want your tests to be done right. You also want the results to be right. Wrong test results can lead to a wrong or delayed **diagnosis**. What can you do?

- For blood tests and other tests your doctor sends to a lab, ask which lab he or she uses and why. Some **Medicare Managed Care Plans** require that tests go to a certain lab. You have a right to know if your doctor owns all or part of the lab that he or she sends your tests to.
- Check to see that the lab is **accredited**. Being accredited is like having a “seal of approval.” These organizations can tell you if a lab is accredited:

Joint Commission on Accreditation of Healthcare Organizations

1 Renaissance Blvd.
Oakbrook Terrace, IL 60181-4294
1-630-792-5800
www.jcaho.org

College of American Pathologists

325 Waukegan Road
Northfield, IL 60093
1-800-323-4040
If calling from Illinois only: 1-847-832-7000
www.cap.org

Remember, words in **green** are defined on pages 32–34.

- For **mammograms**, make sure the facility is certified by the U.S. Food and Drug Administration (FDA). To find out about **certified** facilities in your area, contact the FDA:

1-800-4-CANCER (1-800-422-6237)
(Monday to Friday, 9:00 a.m.–4:30 p.m. local time)
1-800-332-8615

www.fda.gov/cdrh/mammography/index.html

Finding Out Which Treatments Are Best for You

Not all treatments have been proven to work—or to be the best treatment for what you have.

For some conditions, there are “[clinical practice guidelines](#)” that can help doctors and patients make the right treatment choice. They are written by doctors and other experts, who read many published studies of treatments. Published studies are evidence of whether a treatment works or not. After they read the published studies, the experts decide

- which treatments seem to work.
- what kind of health problem a treatment seems to work best for.
- what kind of patient a treatment seems to work best for.
- which treatments don’t seem to work.

You may want to ask your doctor if there are guidelines or published studies on treatments for your health problem.

You may also want to ask your doctor about books or other materials that might help you choose the treatment that is best for you. Self-help groups, patient groups (such as the American Cancer Society and the American Diabetes Association), and your local library are other sources of information.

Ambulatory Surgery Centers

Today surgery is often done in places other than hospitals. At an ambulatory (in and out) surgery center, you may stay for only a few hours or for one night. If you plan to have surgery at one of these centers, call or visit the center to find out

- if Medicare will cover your care there. An ambulatory surgery center must be **certified** to accept payment from Medicare.
- if the center is licensed. (In most states, these centers must have an ambulatory surgical license. In some states, these centers can operate without this license.)
- if there is always a doctor at the center.
- if **anesthesia** is always given by a doctor or a nurse with special training.
- if the center is part of a hospital. If it's not, ask how the center would handle an emergency if one took place during your visit.
- if the center is **accredited**. Being accredited is like having a “seal of approval.” Find out more about accreditation from these organizations:

Joint Commission on Accreditation of Healthcare Organizations

1 Renaissance Blvd.
Oakbrook Terrace, IL 60181-4294
1-630-792-5800
www.jcaho.org

Accreditation Association for Ambulatory Health Care

3201 Old Glenview Road, Suite 300
Wilmette, IL 60091-2992
1-847-853-6060
www.aaahc.org

American Association for Accreditation of Ambulatory
Surgical Facilities

1202 Allanson Rd.
Mundelein, IL 60060
1-888-545-5222 (toll-free)
www.aaaasf.org

Getting More Information

You need a computer to use some of these resources. If you don't have a computer, your local library or senior center may be able to help you find the information on their computers.

AHRQ Publications Clearinghouse

This service of the Agency for Healthcare Research and Quality (AHRQ), part of the Federal Government, offers these free brochures on choosing treatments.

- **Be Informed: Questions To Ask Your Doctor Before You Have Surgery.** 12 pages. (AHCPR 95-0027)
- **Prescription Medicines and You.** From AHRQ and the National Council on Patient Information and Education, this brochure includes tips for asking questions about your prescriptions and keeping track of your medicines. 17 pages. (AHCPR 96-0056)

AHRQ Publications Clearinghouse

P.O. Box 8547

Silver Spring, MD 20907

1-800-358-9295

www.ahrq.gov/consumer

FDA Guide to Choosing Medical Treatments

This free booklet helps consumers avoid fraud and deception when choosing medical treatments. To order, ask for Reprint 95-1223. 6 pages.

Food and Drug Administration

Office of Consumer Inquiries: HFE-88

5600 Fishers Lane

Rockville, MD 20857

1-888-463-6332 (toll-free)

(1-888-INFO-FDA)

www.fda.gov

Healthfinder

The Healthfinder web site, run by the U.S. Department of Health and Human Services, offers reliable consumer information from the Federal Government and its many partners. It has links to web sites with consumer health information, on-line publication catalogs, on-line brochures, and databases and search engines that help you find information on the web.

www.healthfinder.gov

Medicare Information

Medicare offers free booklets about Medicare-related topics to help you make good health care decisions. To get these booklets, you can look at www.medicare.gov on the web. Select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Many Medicare booklets are available in Spanish, Audiotape (English and Spanish), Braille, and Large Print (English and Spanish.)

Visit www.medicare.gov to get quick answers to your questions. The Medicare web site also gives access to several interactive databases, including “Medicare Personal Plan Finder,” which offers detailed information on Medicare health plans in your area and “Nursing Home Compare,” which offers detailed information on nursing homes.

Section
5

Words to Know



Accredited (accreditation)—Having a “seal of approval.” Being accredited means that a facility or health care organization has met certain quality standards. These standards are set by private, nationally recognized groups that check on the quality of care at health care facilities and organizations.

Anesthesia—Drugs that a person gets before and during surgery so he or she will not feel pain. Anesthesia should always be given by a doctor or a specially trained nurse.

Certified (certification)—State government agencies inspect health care providers, including home health agencies, hospitals, nursing homes, and dialysis facilities, as well as other health care providers. These providers are certified if they pass inspection. Medicare or Medicaid only covers care in a certified facility or program or care provided by certified providers. Being certified is not the same as being accredited.

Clinical practice guidelines—Reports written by experts who have carefully studied whether a treatment works and which patients are most likely to be helped by it.

Coinsurance—The percent of the Medicare approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the approved amount for the service (like 20%).

Copayment—In some Medicare health plans, the amount that you pay for each medical service, like a doctor’s visit. A copayment is usually a set amount you pay for a service. For example, this could be \$10 or \$20 for a doctor’s visit. Copayments are also used for some hospital services in the Original Medicare Plan.

Diagnosis—The name for the health problem that you have.

Evidence—Signs that something is true or not true. Doctors can use published studies as evidence that a treatment works or does not work.

Health care provider—A person who is trained and licensed to give health care. Also, a place licensed to give health care. Doctors, nurses, hospitals, skilled nursing facilities, some assisted living facilities, and some home health care agencies are examples of health care providers.

Mammogram—A special x-ray of the breasts. Medicare covers the cost of a mammogram once every 12 months for women over 40 who are enrolled in Medicare.

Medicare Advantage Plan—A Medicare program that gives you more choices among health plans. Everyone who has Medicare Parts A and B is eligible, except those who have End-Stage Renal Disease (unless certain conditions apply).

Medicare Managed Care Plan—These are health care choices in some areas of the country. In most plans, you can only go to doctors, specialists, or hospitals on the plan's list. Plans must cover all Medicare Part A and Part B health care. Some plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Medicare Preferred Provider Organization Plan (PPO)—A managed care plan in which you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Private Fee-for-Service Plan—A private insurance plan that accepts people with Medicare. You may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare program, decides how much it will pay and what you will pay for the services you get. You may pay more for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan does not cover.

Medicare Specialty Plan—A type of Medicare Advantage Plan that provides more focused health care for some people. These plans give you all your Medicare health care as well as more focused care to manage a disease or condition such as congestive heart failure, diabetes, or End-Stage Renal Disease.

Original Medicare Plan—A pay-per-visit health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts: Part A (hospital insurance) and Part B (medical insurance).

Primary care doctor—A doctor who is trained to give you basic care. Your primary care doctor is the doctor you see first for most health problems. He or she makes sure that you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many Medicare Managed Care Plans, you must see your primary care doctor before you see any other health care provider.

Procedure—Something done to fix a health problem or to learn more about it. For example, surgery, tests, and putting in an IV (intravenous line) are procedures.

Pros and cons—The good and bad parts of treatment for a health problem. For example, a medicine may help your pain (pro), but it may cause an upset stomach (con).

Referral—An OK from your primary care doctor for you to see a specialist or get certain services. In many Medicare Managed Care Plans, you need to get a referral before you get care from anyone except your primary care doctor. If you do not get a referral first, the plan may not pay for your care.

Second opinion—This is when another doctor gives his or her view about what you have and how it should be treated.

Side effect—A problem caused by treatment. For example, medicine you take for high blood pressure may make you feel sleepy. Most treatments have side effects.

Specialist—A doctor who treats only certain parts of the body, certain health problems, or certain age groups. For example, some doctors treat only heart problems.

Treatment options—The choices you have when there is more than one way to treat your health problem.

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**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business
Penalty for Private Use \$300

Publication No. CMS - 10182
Revised October 2004



This booklet, *Choosing a Treatments*, is one of a series of booklets for people with Medicare. Other titles include *Choosing a Doctor*, *Choosing a Hospital*, *Choosing a Medicare Health Plan*, and *Choosing Long-Term Care*. Each booklet can help you to make health care choices.

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