Medicare Coverage of Mental Health and Addiction Treatment

What is mental health care?

Mental health care refers to services and programs intended to help diagnose and treat mental health and illnesses. A mental illness or mental health condition affects your thinking, feeling, or mood. Some examples include depression, anxiety, and schizophrenia. Some also consider addiction, like opioid use disorder and alcoholism, to be mental health conditions. Mental health conditions are typically not the result of any single event or circumstance. Rather, they are complicated conditions involving multiple factors. More than 50% of people will be diagnosed with a mental health condition at some point in their life.

<table>
<thead>
<tr>
<th>Outpatient care</th>
<th>Prescription drugs</th>
<th>Inpatient care</th>
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<tbody>
<tr>
<td>Medicare Part B covers outpatient mental health care, including but not limited to:</td>
<td>Medicare Part D covers prescription drugs needed for mental health treatment, through either a:</td>
<td>Medicare Part A covers inpatient mental health care in:</td>
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<td>✓ Individual and group therapy</td>
<td>✓ Stand-alone Part D plan</td>
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<td>✓ Substance use treatment</td>
<td>✓ Medicare Advantage Plan</td>
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<td>✓ Activity therapies, like art or dance therapy</td>
<td>Before joining a plan, make sure that it covers your medications.</td>
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<td>✓ Annual depression screening</td>
<td>Part D plans are required to cover many drugs used to treat mental health conditions. This includes all antidepressant, anticonvulsant, and antipsychotic medications, with limited exceptions.</td>
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<td>✓ Opioid treatment program (OTP) services</td>
<td>General and psychiatric hospitals have the same out-of-pocket costs, which include the Part A deductible and daily coinsurances after 60 days of inpatient care. Contact your Medicare Advantage Plan for exact costs and rules.</td>
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<td>If you have Original Medicare, you usually owe a 20% coinsurance. If you have a Medicare Advantage Plan, contact your plan for costs.</td>
<td>Medicare only covers up to 190 days of inpatient care at a psychiatric hospital in your lifetime. This limit does not apply to general hospitals.</td>
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Will Medicare cover the cost of any mental health care provider?

Consider these factors about providers to limit your out-of-pocket costs for mental health care:

- Make sure your provider accepts Medicare assignment. This means that they accept Medicare’s approved amount as full payment for a service. Psychiatrists are more likely to have opted out of Medicare, meaning they do not accept Medicare payment at all.

- Check that any non-medical providers, like psychologists or clinical social workers, are Medicare-certified. Medicare will only pay for the services of these providers if they are Medicare-certified and take assignment. Medicare does not allow some types of providers to become Medicare-certified, so you will have to pay the full cost. Examples include Licensed Mental Health Counselors and Credentialed Alcoholism and Substance Abuse Counselors.

- Choose partial-hospitalization programs or Opioid Treatment Programs (OTPs) that accept Medicare.

- If you have a Medicare Advantage Plan, make sure that any provider you see is in your plan’s network.

What should I do if I experience Medicare fraud or abuse?

Anyone can experience Medicare fraud and abuse, and it unfortunately can increase health care costs for everyone. Medicare fraud and abuse is when someone intentionally gives incorrect information to Medicare or Medicare beneficiaries in order to get payment.

For example, you may be experiencing fraud if you and other beneficiaries are bused to a nice a meal, and then your Medicare is billed for a psychiatric evaluation. Or perhaps you spend the day at a facility watching TV or playing games, and then your Medicare is billed for group psychotherapy.

Always read your Medicare notices to catch any suspicious charges like these. If you believe you have experienced Medicare fraud or abuse, contact your local Senior Medicare Patrol (SMP) for help in reporting the incident. Contact information for your local SMP is on the final page of this document.

Note that fraud and abuse are different from errors. Health care providers and their billing offices sometimes make honest mistakes. If you think your doctor or their billing office made a mistake, contact them directly first so that they can correct the billing error. A pattern of errors by a doctor or other health care provider could be considered a red flag for potential fraud or abuse. If you cannot resolve the issue with your provider, or if you notice a pattern of errors, contact your local SMP.
Who should I contact if I need help related to my mental health care?

- **Your doctor:** Talk to your doctor about your mental health challenges and what care is best for you. Your doctor may be able to recommend mental health specialists to you.

- **988 Suicide and Crisis Lifeline:** Call or text 988 for 24/7 support. Counselors can help when you are in crisis, as well as provide resources for you.

- **Medicare:** If you have Original Medicare, you can call 1-800-MEDICARE (633-4227) or go to Medicare.gov to find mental health care providers in your area.

- **Medicare Advantage Plan:** If you have a Medicare Advantage Plan, contact the plan directly to find providers who are in network and learn about costs or restrictions.

- **Part D plan:** Contact your plan to see if your prescription drugs are covered. If they are not, you and your doctor can request an exception or file an appeal.

- **State Health Insurance Assistance Program (SHIP):** Contact your SHIP for individualized assistance with your Medicare coverage and costs.

- **Senior Medicare Patrol (SMP):** Contact your SMP if you believe you have experienced potential Medicare fraud, abuse, or errors.