

Medicare Minute Script — February 2021 Medicare Coverage of Behavioral Health Services

Today we're discussing behavioral health services that Medicare covers. First, let's define behavioral health care. Behavioral health care is an umbrella term that refers to services and programs intended to help diagnose and treat both mental health illnesses and addiction-related issues. Examples of mental health illnesses include depression and anxiety. Examples of addiction-related issues include opioid use disorder and alcoholism. It is important to note that behavioral health conditions are typically not the result of any single event or circumstance. Rather, they tend to be complicated conditions involving multiple factors.

Point 1: Know how Medicare covers outpatient behavioral health services.

Medicare covers outpatient mental health care, such as individual and group therapy, activity therapies such as art therapy, partial hospitalization programs, and annual depression screenings. Medicare also covers outpatient substance use disorder treatment, such as services you receive from a clinic, hospital outpatient department, or opioid treatment program. In order for Original Medicare to cover these services, it is important to see a provider who is Medicare-certified and takes assignment. This is because Medicare will only pay for your care from certain providers, like psychologists and clinical social workers, if they take assignment. You may be wondering what the term "take assignment" means. A provider who takes assignment has agreed to accept Medicare's approved amount for the cost of a service as full payment. These outpatient behavioral health care services are covered by Part B. If you have Original Medicare, you owe a 20% coinsurance for most services after meeting your Part B deductible. For most preventive services, including annual depression screenings, you pay nothing and do not need to meet your Part B deductible. If you have a Medicare Advantage Plan, contact your plan to find in-network providers and learn about costs.

Point 2: Know how Medicare covers prescription drugs for behavioral health treatment.

You can receive prescription drug coverage through a stand-alone Part D plan if you have Original Medicare, or as a part of your Medicare Advantage Plan. You should check before joining a prescription drug plan to ensure that any drugs you need are on that plan's list of covered drugs. The plan's list of covered drugs is called the formulary. While Part D plans are not required to cover all drugs, they are required to cover all antidepressant, anticonvulsant, and antipsychotic medications, with limited exceptions.

Point 3: Know how Medicare covers inpatient behavioral health services.

Medicare covers inpatient behavioral health services that you receive in a psychiatric hospital or general hospital, both for inpatient mental illness treatment and inpatient substance use disorder treatment. Your covered days in a psychiatric hospital have a lifetime limit, but your covered days in a general hospital do not. Medicare covers up to 190 days of inpatient care at a psychiatric hospital in your lifetime. If you have used your lifetime days but need additional inpatient behavioral health care, Medicare may cover your care at a general hospital. General and psychiatric hospitals have the same out-of-pocket costs. After meeting your Part A deductible, Original Medicare pays in full for the first 60 days in your benefit period. After day 60, you owe a daily amount to the hospital. A benefit period begins when you enter a hospital as an inpatient and it ends when you have been out of the hospital or a skilled nursing facility for 60 days in a row.

Point 4: Be prepared to identify and avoid outpatient mental health care fraud.

Outpatient mental health care fraud occurs when Medicare is billed for mental health care services that you did not receive. You can report fraud or errors to your Senior Medicare Patrol, or SMP. Contact information for your SMP is on the last page of this document. Report potential outpatient mental health care fraud, errors, or abuse if:

- You spend the day at a facility playing games or watching TV and Medicare is then billed for group psychotherapy.
- You and other beneficiaries are picked up by a bus or a van, taken out for a meal, and then Medicare is billed for a psychiatric evaluation.
- You see other incorrect charges on your Medicare Summary Notice or Explanations of Benefits, such as mental health services in excess of what you received or that you never received.

Take Action:

- 1. Call 1-800-MEDICARE** or your **Medicare Advantage Plan** to find behavioral health care providers in your area. You can also call the Substance Abuse and Mental Health Services Administration (SAMHSA) for additional help finding behavioral health care providers. The SAMHSA helpline number is 1-800-662-HELP (4357).
- 2. Contact your State Health Insurance Assistance Program (SHIP)** for help finding local resources and guidance on Medicare’s covered behavioral health services.
- 3. Contact your Senior Medicare Patrol (SMP)** if you believe you may be experiencing mental health care fraud, errors, or abuse.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: SHIP email: SHIP website: To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org .	SMP toll-free: SMP email: SMP website: To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .

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