

Medicare coverage of mental health services

Mental health care includes services and programs to help diagnose and treat mental health conditions. Medicare covers inpatient treatment, outpatient treatment, and prescription medications to treat mental illness and substance abuse.

Know what mental health care is covered by Medicare

If you have Original Medicare

- Part A covers inpatient mental health services that you receive in either a psychiatric hospital or a general hospital.
 - ⇒ Medicare covers up to 190 days of inpatient psychiatric hospital care in your lifetime. If you have used your lifetime days but need additional inpatient mental health care, Medicare may cover your care at a general hospital.
- Part B covers outpatient mental health care.
 - ⇒ This can include individual and group therapy, substance abuse treatment, prescription drugs that you cannot administer yourself, an annual depression screening that you receive in a primary care setting, and other services.
 - ⇒ Part B also covers partial hospitalization for mental health treatment for people who meet coverage requirements.

If you have a Medicare Advantage Plan, your plan must cover the same inpatient and outpatient mental health services as Original Medicare, but they may impose different rules, restrictions, and costs. If you need more information about the costs and coverage rules, or if you are experiencing problems, contact your Medicare Advantage Plan.

Understand how Part D covers drugs for mental health treatment

Every Medicare Part D prescription drug plan has a list of covered drugs, called a formulary. **You should check before joining a Part D plan to ensure that any drugs you need are on your plan's formulary.**

Part D Plans are not required to cover all drugs, but they are required to cover all antidepressant, anticonvulsant, and antipsychotic medications (with limited exceptions).

If a drug you need is not on your plan's formulary, you may need to request an exception, pay out of pocket, or file an appeal.

As a result of federal legislation, Part D plans and Medicare Advantage Prescription drug plans will have new tools to address opioid addiction beginning in 2019.

See the right kind of providers to get covered services

If you have Original Medicare, Medicare covers mental health care received from the following kinds of providers, as long as they accept payment from Medicare:

- General practitioners
- Nurse practitioners
- Physician's assistants
- Psychiatrists
- Clinical psychologists
- Clinical social workers
- Clinical nurse specialists

Make sure that any provider you see accepts Medicare payment. The providers listed above who are not medical doctors must accept assignment if they accept Medicare payment. This means that they must accept Medicare's approved amount as full payment for a service.

Note that psychiatrists are more likely than any other type of provider to opt out of Medicare (meaning they do not accept Medicare at all and have signed an agreement to be excluded from the Medicare program). Be sure to ask any provider if they accept Medicare before receiving services. If you see an opt-out provider, you will likely be responsible for paying the full cost out of pocket. To find providers that accept Medicare assignment, you can call 1-800-MEDICARE or use the Provider Compare tool on www.Medicare.gov.

If you have a Medicare Advantage Plan, your plan must cover medically necessary care from the same kinds of providers as Original Medicare, but can do so with different costs and restrictions. For example, your plan may:

- Limit you to a network of providers
- Require you to get a referral to see a specialist
- Have different cost-sharing than Original Medicare

Contact your Medicare Advantage Plan to find providers who are in your plan's network and to learn about any coverage rules you need to follow.