

Medicare Coverage of Behavioral Health Care Services

Behavioral health care: Services and programs intended to help diagnose and treat both mental health illnesses and addiction-related issues. A mental illness is a condition that affects a person's thinking, feeling, or mood. Examples of mental health illnesses include depression and anxiety. Examples of addiction-related issues are alcoholism and opioid use disorder. Behavioral health conditions are typically not the result of any single event or circumstance. Rather, they tend to be complicated conditions involving multiple factors.

What behavioral health services does Medicare cover?

Medicare Part A covers inpatient mental health services that you receive in either a psychiatric hospital (a hospital or distinct unit in a hospital that only treats mental health patients) or a general hospital. If you receive care in a psychiatric hospital, Medicare covers up to 190 days of inpatient care in your lifetime. General and psychiatric hospitals have the same out-of-pocket costs:

- **Part A deductible:** \$1,484 each benefit period
 - A benefit period begins the day you start getting inpatient care. It ends when you have not received inpatient hospital or skilled nursing facility care for 60 days in a row.
- **Days 1-60:** \$0/day
- **Days 61-90:** \$371/day
- **Lifetime reserve days:** \$742/day for each day after day 90 in a benefit period
 - You have 60 lifetime reserve days that can only be used once. They are not renewable.

If you have a Medicare Advantage Plan, contact your plan to find in-network hospitals and learn about costs.

Medicare Part B covers outpatient mental health services, such as:

- Individual and group therapy
- Activity therapies such as art therapy
- Partial hospitalization programs
- Annual depression screenings.

In order for Original Medicare to cover these services, it is important to see a provider who is Medicare-certified and takes assignment (accepts Medicare's approved amount as payment in full for services you receive). Ask your provider if they take assignment.

If you have Original Medicare, you will pay a 20% coinsurance after meeting your Part B deductible. If you have a Medicare Advantage Plan, contact your plan to find in-network providers and learn about costs.

What behavioral health services does Medicare cover? (continued)

Medicare Part D covers drugs for mental health treatment. Each Part D plan has a list of covered drugs, called a formulary. You should check before joining a plan to ensure any drugs you need are on that plan's formulary. If your drug is not on formulary, you may have to request an exception, pay out of pocket, or file an appeal to ask your plan to cover the drug.

Medicare covers treatments for alcoholism and substance use disorder in both inpatient and outpatient settings if you meet three requirements:

1. Your provider must state that the services are medically necessary.
2. You must receive services from a Medicare-approved provider or facility.
3. Your provider must set up your plan of care.

Part A should cover your care if you are hospitalized and need substance use disorder treatment. Part B should cover outpatient substance use disorder treatment you receive from a clinic, hospital outpatient department, or opioid treatment program (also called methadone clinics). Some of these treatments can be provided with telehealth.

Where can I begin if I need behavioral health services?

Your doctor: Talk to your doctor about behavioral health services that may be best for your treatment. Your doctor may also be able to recommend providers for you.

Medicare: If you have Original Medicare, you can call 1-800-MEDICARE to find behavioral health care providers in your area. You can also use the Provider Compare tool on www.medicare.gov to find mental health care providers who accept Medicare payment.

Medicare Advantage Plan: If you have a Medicare Advantage Plan, you can contact your plan to find mental health care providers who are in network and to learn about any costs or restrictions associated with getting care.

Part D Plan: If you are starting new prescription drugs related to your behavioral health care, contact your plan to learn if those drugs are on your Part D plan's formulary. If they are not, you can request an exception or file an appeal to ask your plan to cover the drug.

State Health Insurance Assistance Program (SHIP): Contact your SHIP for help finding local resources and guidance on Medicare's covered behavioral health care services. SHIP counselors provide Medicare counseling and assistance. Contact information for your SHIP is on the last page of this document.

Substance Abuse and Mental Health Services Administration (SAMHSA): You can call SAMHSA at 800-662-HELP (4357) for additional help finding behavioral health care providers. SAMHSA may also be able to direct you to local resources.

Where can I begin if I need behavioral health services? (continued)

Senior Medicare Patrol (SMP): If you believe you may have experienced mental health care fraud, errors, or abuse, contact your SMP. Contact information for your SMP is on the last page of this document.

National Suicide Prevention Lifeline: Call 800-273-8255 for 24/7 free and confidential support in times of distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

Local SHIP contact information	Local SMP contact information
SHIP toll-free: 1-800-224-6330	SMP toll-free: 1-866-726-2916
SHIP email: carroll.astin@arkansas.gov	SMP email: kathleen.pursell@dhs.arkansas.gov
SHIP website: http://insurance.arkansas.gov/shiip.htm	SMP website: http://humanservices.arkansas.gov/about-dhs/daabhs/asmp
To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org
SHIP National Technical Assistance Center: 877-839-2675 www.shiptacenter.org info@shiptacenter.org SMP National Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org	
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