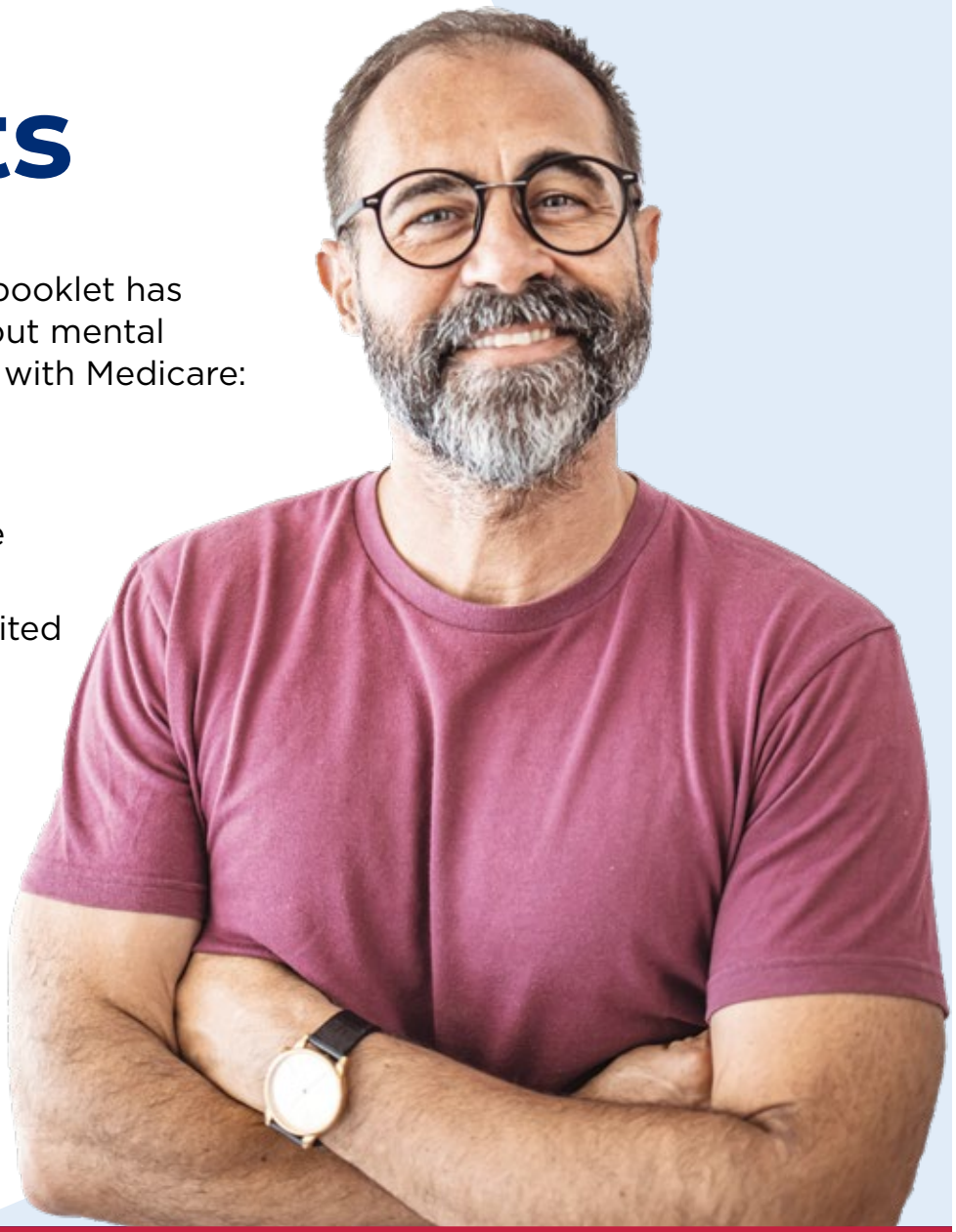
Medicare & Your Mental Health Benefits

This **official government** booklet has important information about mental health benefits for people with Medicare:

- Who's eligible
- What's covered
- Treatment for substance use disorder
- Help for people with limited income & resources
- Helpful resources

Medicare.gov



Medicare

Table of contents

1 **Section 1:** Mental health care & Medicare

3 **Section 2:** Outpatient mental health care

8 **Section 3:** Inpatient mental health care

10 **Section 4:** Medicare drug coverage (Part D)

12 **Section 5:** Help & resources

15 **Section 6:** Definitions

17 **Accessible Communications**

18 **Nondiscrimination Notice**



Section 1:

Mental health care & Medicare

Mental health conditions, like depression and anxiety, can happen to anyone at any time. If you think you may have problems that affect your mental health, you can get help. Talk to your doctor or other health care provider if you have:

- Thoughts of ending your life (like a fixation on death or suicidal thoughts or attempts)
- Sad, empty, or hopeless feelings
- Loss of self-worth (like worries about being a burden, feelings of worthlessness, or self-loathing)
- Symptoms of social withdrawal (like you don't want to be with friends, engage in activities, or leave home)
- Little interest in things you used to enjoy
- Low energy

Note: Go to pages 15–16 for definitions of **blue** words

- Trouble concentrating
- Trouble sleeping (like difficulty falling or staying asleep, oversleeping, or daytime sleepiness)
- Loss of appetite or weight loss
- Increased use of alcohol or other drugs

Mental health care services and programs help diagnose and treat people with mental health conditions (including substance use disorders). **Original Medicare** (Part A (Hospital Insurance) and Part B (Medical Insurance)) covers a wide range of outpatient and inpatient mental health care services, as well as prescription drugs you may need to treat mental health conditions.

If you have a Medicare Advantage Plan, it may offer extra benefits that Original Medicare doesn't cover, like certain types of mental health counseling. Contact your plan for details.

If you or someone you know is struggling or in crisis and would like to talk to a trained crisis counselor, call or text 988, the free and confidential Suicide & Crisis Lifeline. You can also connect with a counselor through web chat at **988lifeline.org**.

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support if you or someone you know is having thoughts of suicide or experiencing a mental health or substance use crisis. You can talk to a counselor 24 hours a day, 7 days a week in the U.S. Call, text, or chat:

- To talk to someone who cares
- If you feel you might be in danger of hurting yourself
- If you're concerned about a family member or friend
- To find mental health treatments and services in your area

Call 911 if you're in an immediate medical crisis.



Section 2:

Outpatient mental health care

What does Original Medicare cover?

Medicare Part B (Medical Insurance) helps pay for mental health services you usually get in a hospital outpatient department or outside of a hospital (like in a doctor's or therapist's office, a hospital outpatient department, or a community mental health center). Part B also covers visits with:

- Psychiatrists or other doctors
- Clinical psychologists
- Clinical social workers
- Clinical nurse specialists
- Nurse practitioners
- Physician assistants
- Marriage and family therapists
- Mental health counselors

Note: Go to pages 15–16 for definitions of blue words

Providers who participate in Part B must accept assignment. This means your doctor, provider, or supplier agrees to be paid directly by Medicare, to accept the **Medicare-approved amount** as full payment for covered services, and not to bill you for any more than the Medicare **deductible** and **coinsurance**. Most health care providers accept assignment, but always check to make sure before you schedule an appointment.

Alcohol misuse screening & counseling

Medicare covers one alcohol misuse screening each year for adults who use alcohol, but don't meet the medical conditions for alcohol dependency. If your primary care provider determines you're misusing alcohol, you can also get up to 4 brief, face-to-face counseling sessions each year. You must get counseling in a primary care setting (like a doctor's office).

Visit **Medicare.gov/coverage/alcohol-misuse-screenings-counseling** for more information.

Opioid Use Disorder treatment services

Medicare covers medications for Opioid Use Disorder and treatment services you get from a doctor or other health care provider, or through a more comprehensive Opioid Treatment Program (including Opioid Treatment Program mobile units). Services may include:

- Medications for Opioid Use Disorder, like methadone, buprenorphine, and naltrexone
- Medications to rapidly reverse the effects of an opioid overdose, like naloxone and nalmefene
- Preparation and help taking medications that are part of your recovery process
- Substance use counseling
- Drug testing
- Individual and group therapy
- Intake activities and other periodic assessments
- Intensive outpatient program services
- Coordinated care and/or referral services
- Peer recovery support services

Medicare covers counseling, therapy services, and periodic assessments both in person and, in certain circumstances, virtually (using audio and video communication, like your phone or a computer). Medicare may also cover periodic assessments that use audio-only communication. Talk to your provider to find out where you can get these services.

Visit **Medicare.gov/coverage/opioid-use-disorder-treatment-services** for more information.

Partial hospitalization

Partial hospitalization is a structured program that provides outpatient psychiatric services as an alternative to inpatient psychiatric care. The services are more intensive than care you get in a doctor's or therapist's office, and usually include between 4-8 hours of care each day. You may benefit from partial hospitalization if your care plan states that you require at least 20 hours of therapeutic services each week.

Part B may cover partial hospitalization services you get through a hospital outpatient department or community mental health center if you meet certain requirements, and your doctor or other qualified mental health professional certifies that you would otherwise need inpatient treatment.

As part of your partial hospitalization program, Medicare may cover:

- Occupational therapy that's part of your mental health treatment
- Individual patient training and education about your condition
- Caregiver training services
- Principal illness navigation services

Visit **Medicare.gov/coverage/mental-health-care-partial-hospitalization** for more information.

Intensive outpatient program services

Intensive outpatient programs offer a level of care for mental health conditions including substance use disorders. This level of care falls between traditional once-weekly therapy or counseling, and inpatient or partial hospitalization psychiatric care. The services are more intensive than care you'd get in a doctor's or therapist's office and may include things like group and individual therapy sessions, mental health education, and medication management.

You may benefit from intensive outpatient program services if your care plan states you need at least 9 hours of therapeutic services each week. You can get these services at a hospital, community mental health center, Federally Qualified Health Center, or Rural Health Clinic. Part B also covers these services at Opioid Treatment Programs (when you're getting treatment for Opioid Use Disorder).

Visit **Medicare.gov/coverage/mental-health-care-intensive-outpatient-program-services** for more information.

Other outpatient mental health services

Part B also helps pay for many other outpatient mental health services, including:

- One depression screening each year. You must get the screening in a primary care doctor's office or primary care clinic that can provide follow-up treatment and referrals. Visit **Medicare.gov/coverage/depression-screening** for more information.
- Individual and group psychotherapy with doctors (or with certain other Medicare-enrolled licensed professionals, as the state where you get the services allows).

- Family counseling, if the main purpose is to help with your treatment.
- Testing to find out if you're getting the services you need and if your current treatment is helping you.
- Psychiatric evaluation.
- Medication management.
- Certain prescription drugs that aren't usually "self-administered" (drugs you would normally take on your own), like some injections.
- Diagnostic tests.
- Safety planning interventions if you're at risk of suicide or overdose.
- A follow-up phone call after you're discharged from the emergency department for a behavioral health service or other crisis.
- Certain FDA-cleared or FDA-authorized digital mental health treatment devices (including devices that treat Attention Deficit/Hyperactivity Disorder) if you get them from your doctor or certain other qualified mental health providers and you meet other conditions.
- A one-time "Welcome to Medicare" preventive visit within the first 12 months you have Part B. This visit includes a review of your potential risk factors for depression. Visit **Medicare.gov/coverage/welcome-to-medicare-preventive-visit** for more information.
- A yearly "Wellness" visit. Talk to your provider about changes in your mental health since your last visit. Visit **Medicare.gov/coverage/yearly-wellness-visits** for more information.
- Mental health services you get as part of substance use disorder treatment.

Visit **Medicare.gov/coverage/mental-health-care-outpatient** for more information on outpatient mental health services.

What do I pay for outpatient mental health care & services?

In general, after you pay your yearly Part B **deductible**, you pay 20% of the **Medicare-approved amount** for visits to diagnose or treat your condition, if your provider accepts assignment.

If you get your services in a hospital outpatient clinic or hospital outpatient department, you may have to pay an additional **copayment** or **coinsurance** to the hospital.

Note: If you have a Medicare Supplement Insurance **(Medigap)** policy or other health coverage, tell your health care provider so your bills get paid correctly.

Screenings

You pay nothing for depression and alcohol misuse screenings if your health care provider accepts assignment.

Opioid Use Disorder treatment services

- You usually won't pay any **copayments** for these services if you get them from an Opioid Treatment Program provider that participates in Medicare and meets other requirements. The Part B **deductible** applies for these services, including any supplies and medications you might get as part of your treatment.
- You pay the usual copayments for the services after you meet the Part B deductible, if you get Opioid Use Disorder services from a health care provider.

Partial hospitalization

- You pay a percentage of the **Medicare-approved amount** for each service you get from a qualified mental health professional if they accept assignment.
- After you meet the Part B deductible, you also pay coinsurance for each day of partial hospitalization services you get in a hospital outpatient setting or community mental health center.

Intensive outpatient program services

- You pay a percentage of the Medicare-approved amount for each service you get from a qualified mental health professional if they accept assignment.
- After you meet the Part B deductible, you also pay coinsurance for each day of intensive outpatient program services you get in a hospital outpatient setting or community mental health center.

What isn't covered?

- Meals
- Transportation to or from mental health care services
- Support groups that bring people together to talk and socialize (**Note:** This is different from group psychotherapy, which is covered.)
- Testing or training for job skills that isn't part of your mental health treatment



Section 3:

Inpatient mental health care

What does Original Medicare cover?

Medicare Part A (Hospital Insurance) covers mental health care services you get when you're admitted as a hospital inpatient. You can get these services either in a general hospital or a psychiatric hospital (a facility that mainly cares for people with mental health conditions).

Part A-covered services include:

- Semi-private rooms
- Meals
- General nursing
- Drugs (including methadone to treat an Opioid Use Disorder)
- Other hospital services and supplies you might get as part of your inpatient treatment

Note: Go to pages 15–16 for definitions of **blue** words

Part B covers the services you get (like mental health services) from a doctor or other health care provider while you're in the hospital.

Visit Medicare.gov/coverage/mental-health-care-inpatient for more information.

What do I pay for inpatient mental health care & services?

When you get inpatient hospital services (including services you get in a psychiatric hospital), Medicare measures your care in benefit periods, which are related to the number of days in a row you get care. A benefit period begins the day you're admitted as an inpatient in a general or psychiatric hospital. The benefit period ends once you've been out of the hospital for 60 days in a row. If you're admitted to the hospital again after those 60 days, a new benefit period begins. You must pay a new deductible for each benefit period before Medicare starts to pay, and there's no limit to the number of benefit periods you can have in a calendar year. But if you get care in a psychiatric hospital, Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

As a hospital inpatient, you pay this for each benefit period in 2026:

- **Days 1-60:** After you pay the $1,736 deductible, you pay $0 each day.
- **Days 61-90:** $434 each day.
- **Days 91-150:** $868 each day while using your 60 lifetime reserve days. These are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime.
- **After Day 150:** All costs.
- 20% of the Medicare-approved amount for mental health services you get from providers while you're a hospital inpatient.

Note: If you have a Medicare Supplement Insurance (Medigap) policy or other health coverage, tell your provider so your bills get paid correctly.

What isn't covered?

- Private duty nursing
- A phone or television in your room (if there's a separate charge for these items)
- Personal care items (like toothpaste, razors, or slipper socks)
- A private room, unless medically necessary



Section 4:

Medicare drug coverage (Part D)

To get Medicare drug coverage (Part D), you must join a Medicare-approved plan that offers drug coverage, like a Medicare drug plan or a Medicare Advantage Plan with drug coverage. These plans are run by private insurance companies that follow rules Medicare sets. Each plan can vary in cost and the specific drugs it covers. It's important to know your plan's coverage rules and your rights.

Will my plan cover the drugs I need?

Most plans have a list of drugs that the plan covers, called a formulary. Plans aren't required to cover all drugs, but they're required to cover all (with limited exceptions) antidepressant, anticonvulsant, and antipsychotic medications.

Medicare reviews each plan's formulary to make sure it includes a wide range of drugs and doesn't discriminate against certain groups (like people with disabilities or mental health conditions).

Note: Go to pages 15–16 for definitions of **blue** words

If you take prescription drugs for a mental health condition, it's important to find out if a plan covers your drugs before you enroll.

Visit Medicare.gov/plan-compare to find out which plans cover your drugs. Each time you shop for plans, you can enter the prescription drugs you're currently taking to get a better estimate of your out-of-pocket drug costs in each plan.

Can my drug plan's formulary change?

Your plan may change its drug list during the year if drug therapies change, new drugs are released, or new medical information becomes available. If a plan adds a new generic in place of a brand name drug, they can:

- Immediately remove the brand name drug from the formulary (in certain cases).
- Change the cost or coverage rules of the brand name drug.

If the formulary status of a drug you're currently taking changes, your plan will send you information about the specific changes. For other changes that affect a drug you're currently taking that will affect you during the year, your plan must do **one** of these:

- Give you notice at least 30 days before the effective date of the change
- Let you know about the change and give you a month's supply of the drug under the same plan rules as before the change when you ask for a refill.

What if my prescriber thinks I need a drug that my plan doesn't cover?

If you're in a plan with Medicare drug coverage, you have the right to ask for a coverage determination (including an exception). You can appoint a representative to help you. Your representative can be a family member, friend, advocate, attorney, financial advisor, doctor, or someone else who will act on your behalf. You, your representative, or your doctor or other prescriber must contact your plan to ask for a coverage determination.

Learn more about Medicare drug coverage (Part D)

To find out more about Part D:

- Visit Medicare.gov//health-drug-plans/part-d.
- Visit Medicare.gov/plan-compare to find and compare plans in your area. Have your Medicare card, a list of your drugs and their dosages, and the name of the pharmacy you use available.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. Visit shiphelp.org, or call 1-800-MEDICARE to get the phone number.



Section 5:

Help & resources

Help if you have limited income & resources

Extra Help paying your Medicare drug costs

If you have limited income and resources, you may qualify for Extra Help from Medicare to help pay the costs of Medicare drug coverage (Part D). You should apply even if you aren't sure you qualify.

Visit SSA.gov/medicare/part-d-extra-help to apply for Extra Help online. You can also apply for Extra Help by phone or ask for a paper application.

For more information, visit Medicare.gov/basics/costs/help/drug-costs.

Note: Go to pages 15–16 for definitions of blue words

State Pharmaceutical Assistance Programs (SPAPs)

Many states have State Pharmaceutical Assistance Programs that help certain people pay for prescription drugs based on financial need, age, or medical condition. Each program makes its own rules on how to help its members. To find out if there's a State Pharmaceutical Assistance Program in your state and how it works, visit go.Medicare.gov/spap.

Pharmaceutical Assistance Programs (also called Patient Assistance Programs)

Many major drug manufacturers offer assistance programs for people with Medicare drug coverage (Part D) who meet certain requirements. For more information, visit go.Medicare.gov/pap.

Medicare Savings Programs

If you have limited income and resources and meet certain conditions, you may be able to get help from your state to pay your Medicare costs (like premiums, deductibles, and coinsurance).

For more information, visit Medicare.gov/basics/costs/help/medicare-savings-programs. You can also:

- Contact your State Medical Assistance (Medicaid) office, and ask for information on Medicare Savings Programs. Call even if you aren't sure if you qualify. To get your state's phone number, visit Medicaid.gov/about-us/where-can-people-get-help-medicaid-chip. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Visit Medicare.gov/publications to view or print the brochure "Getting Started: Get Help With Your Medicare Costs."
- Call your State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. Visit shiphelp.org, or call 1-800-MEDICARE to get the phone number.

Medicaid

Medicaid is a joint federal and state program that may help with medical costs if you have limited income and (in some cases) resources. Medicaid also offers some benefits that Medicare doesn't normally cover, like long-term nursing home care and personal care services. Each state has different rules about eligibility and applying for Medicaid.

For more information:

- Visit Medicare.gov/basics/costs/help/medicaid.
- Call your State Medical Assistance (Medicaid) office to find out if you qualify. To get your state's phone number, visit Medicaid.gov/about-us/where-can-people-get-help-medicaid-chip. You can also call 1-800-MEDICARE.
- Visit Medicare.gov/publications to view the brochure "Getting Started: Medicaid" to learn more about Medicaid.

Help if you disagree with a coverage or payment decision

You have the right to appeal a coverage or payment decision that Medicare, your Medicare health plan, or your Medicare drug plan makes. For more information on how to file an appeal, visit Medicare.gov/providers-services/claims-appeals-complaints/appeals.

Mental health resources

For more information about Medicare mental health benefits and coverage:

Visit Medicare.gov/coverage/mental-health-substance-use-disorder, or call 1-800-MEDICARE.

Talk to your provider if you have questions or concerns about your mental health, to find mental health treatment, or to learn more about mental health. You can also use these resources to find the care you need:

National Institute of Mental Health (NIMH)

- Visit NIMH.nih.gov.
- Call 1-866-615-6464. TTY users can call 1-301-443-8431.

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Visit SAMHSA.gov/mental-health. To find treatment facilities in your area, visit FindTreatment.gov.
- Call 1-877-SAMHSA-7 (1-877-726-4727). TTY users can call 1-800-487-4889.

Mental Health America

- Visit mhanational.org.
- Call 1-800-969-6642.

National Alliance on Mental Illness (NAMI)

- Visit nami.org.
- Call the Information Helpline at 1-800-950-NAMI (1-800-950-6264).
- Text “helpline” to 62640 to chat or text.

National Council for Mental Wellbeing

- Visit thenationalcouncil.org.
- Call 1-202-684-7457.



Section 6:

Definitions

Coinsurance—An amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment—An amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. A copayment is a fixed amount, like $30.

Coverage determination—The first decision made by your Medicare drug plan (not the pharmacy) about your drug benefits, including:

- Whether a particular drug is covered
- Whether you've met all the requirements for getting a requested drug
- How much you're required to pay for a drug
- Whether to make an exception to a plan rule when you request it

The drug plan must give you a prompt decision (72 hours for standard requests, 24 hours for expedited requests). If you disagree with the plan's coverage determination, the next step is an appeal.

Deductible—The amount you must pay for health care or prescriptions before Original Medicare, your Medicare Advantage Plan, your Medicare drug plan, or your other insurance begins to pay.

Exception—A type of Medicare prescription drug coverage determination. A formulary exception is a drug plan's decision to cover a drug that's not on its drug list or to waive a coverage rule. A tiering exception is a drug plan's decision to charge a lower amount for a drug that's on its non-preferred drug tier. You or your prescriber must request an exception, and your doctor or other prescriber must provide a supporting statement explaining the medical reason for the exception.

Lifetime reserve days—In Original Medicare, these are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

Medicare-approved amount—The payment amount that Original Medicare sets for a covered service or item. When your provider accepts assignment, Medicare pays its share and you pay your share of that amount.

Medicare health plan—Plans offered by private companies that contract with Medicare to provide Part A, Part B, and in many cases, Part D benefits. Includes Medicare Advantage Plans and certain other types of coverage (like Medicare Cost Plans, PACE programs, and demonstration/pilot programs).

Medigap—Medicare Supplement Insurance sold by private insurance companies to fill "gaps" in Original Medicare coverage.

Original Medicare—Original Medicare is a fee-for-service health plan that has 2 parts: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).

Premium—The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

CMS Accessible Communications

Medicare provides free auxiliary aids and services, including information in accessible formats like braille, large print, data or audio files, relay services and TTY communications. If you request information in an accessible format, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format, you can:

1. **Call us:**
   For Medicare: 1-800-MEDICARE (1-800-633-4227)
   TTY: 1-877-486-2048
   For Marketplace: 1-800-318-2596
   TTY: 1-855-889-4325
2. **Email us:** altformatrequest@cms.hhs.gov
3. **Send us a letter:**
   Centers for Medicare & Medicaid Services
   Offices of Hearings and Inquiries (OHI)
   7500 Security Boulevard, Mail Stop DO-01-20
   Baltimore, MD 21244-1850
   Attn: Customer Accessibility Resource Staff (CARS)

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

Note: If you're enrolled in a Medicare Advantage Plan or Medicare drug plan, contact your plan to request its information in an accessible format. For Medicaid, contact your State Medical Assistance (Medicaid) office.

Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You can contact CMS in any of the ways included in this notice if you have any concerns about getting information in a format that you can use.

You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare drug plan, state or local Medicaid office, or Marketplace Qualified Health Plans. There are three ways to file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights:

1. **Online:**
   HHS.gov/civil-rights/filing-a-complaint/complaint-process/index.html
2. **By phone:**
   Call 1-800-368-1019.
   TTY users can call 1-800-537-7697.
3. **In writing:** Send information about your complaint to:
   Office for Civil Rights
   U.S. Department of Health & Human Services
   200 Independence Avenue, SW
   Room 509F, HHH Building
   Washington, D.C. 20201

Notes

Notes

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Official Business
Penalty for Private Use, $300

Need a copy of this booklet in Spanish?

To get a free copy of this booklet in Spanish, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Esta publicación está disponible en español. Para obtener una copia gratis, visite es.Medicare.gov o llame al 1-800-MEDICARE.

Medicare

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit **Medicare.gov**, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

"Medicare & Your Mental Health Benefits" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

This product was produced at U.S. taxpayer expense.

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