



KNOW YOUR RIGHTS

You have the right to be included in decisions about your treatment, the right to a fair process to appeal decisions about payment of services, and the right to privacy and confidentiality. For more information, read the free booklet “Your Medicare Rights and Protections,” visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

WHERE CAN I GET MORE INFORMATION?

You can view or print Medicare publications and find helpful phone numbers and websites by visiting www.medicare.gov, or calling 1-800-MEDICARE.

- **To learn more about Medicare eligibility, coverage, and cost information**, read the free booklet “Medicare and Your Mental Health Benefits.”
- **For free health insurance counseling and personalized help with insurance questions**, call your State Health Insurance Assistance Program (SHIP).

For more information about mental health and mental health services, contact the following organizations:

- National Alliance on Mental Illness (NAMI)—Visit www.nami.org, call the HelpLine at 1-800-950-NAMI (1-800-950-6264), or email NAMI at info@nami.org.
- Mental Health America—Visit www.mentalhealthamerica.net, or call 1-800-969-6642. TTY users should call 1-800-433-5959.
- Substance Abuse & Mental Health Services Administration (SAMHSA)—Visit www.samhsa.gov. SAMHSA has a treatment facility locator and a mental health services locator on its website.
- National Institute of Mental Health, National Institutes of Health—Visit www.nimh.nih.gov.

If you need help now, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare and Your Mental Health Benefits



GETTING STARTED



Support When You Need It



MENTAL HEALTH CARE AND MEDICARE

LET'S GET STARTED.

Mental health conditions like depression or anxiety can come at any age and can happen to anyone. Talk to your doctor if you think you are having problems that are affecting your mental health, like these:

- Sad, empty, or hopeless feelings
- A lack of energy
- Trouble concentrating
- Difficulty sleeping
- Little interest in things you used to enjoy
- Thoughts of ending your life



WHAT'S COVERED

Medicare Part A (Hospital Insurance) covers inpatient mental health care if you are in a general hospital or a psychiatric hospital. This includes your room, meals, nursing, and other related services and supplies. Medicare Part B (Medical Insurance) helps cover doctor's services and the services of certain other practitioners while you are in the hospital. For services you get as an inpatient in a psychiatric hospital, Medicare Part A only pays for up to 190 days during your lifetime.

Medicare Part B also covers mental health services that you generally get outside a hospital, including visits with a psychiatrist or other doctor, a clinical psychologist, clinical social worker, and certain other health care professionals. Other services covered by Part B include individual and group psychotherapy, family psychotherapy (with you present) for your treatment, certain lab and diagnostic tests, psychiatric evaluations, and medication management. Medicare Part B may also pay for partial hospitalization services (a type of treatment provided by hospital outpatient departments or local community mental health centers that doesn't require an overnight stay).

Medicare Part D helps cover prescription drugs you may need to treat a mental health condition.

WHAT DO I PAY?

For mental health services covered under Medicare Part A, you pay the standard Medicare deductibles and coinsurance.

For mental health services covered under Medicare Part B, you pay your yearly Part B deductible. The amount of coinsurance you pay for Part B mental health services depends on the services you get. For doctor services to diagnose a mental health condition, or to monitor or change your drug prescription for mental health conditions, you generally pay 20% of the Medicare-approved amount. For outpatient treatment of your mental health condition (such as psychotherapy), you generally pay 50% of the Medicare-approved amount.

If you get services in a hospital outpatient clinic or in an outpatient department of a hospital, you have to pay a separate copayment or coinsurance amount to the hospital. This amount won't exceed 40% of the Medicare-approved amount in a calendar year.

How much you pay for prescription drugs will vary depending on the Part D plan you have.

"Medicare and Your Mental Health Benefits: Getting Started" isn't a legal document. More details are available in the "Medicare and Your Mental Health Benefits" booklet. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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