



Medicare and Your Mental Health Benefits

This booklet explains:

- ... Mental health benefits and who is eligible
- ... How payment is made in the Original Medicare Plan



Centers for Medicare & Medicaid Services



Table of Contents

Introduction	1
How are mental health benefits paid for in the Original Medicare Plan?	1
Section 1: Outpatient Mental Health Care and Professional Services (Medicare Part B)	2-3
What is covered?	2
What is not covered?	3
What is partial hospitalization?	3
What will I have to pay for?	3
Section 2: Inpatient Mental Health Care (Medicare Part A)	4-6
What is covered?	4
What will I have to pay for?	4
What is not covered?	5
What are my Medicare patient rights?	5
What are my Medicare appeal rights?	5
How can I get help to pay health care costs?	6
Definitions of Important Terms	7-8
Excerpt from the Surgeon General’s Report on Mental Health	9

This booklet explains your mental health benefits in the Original Medicare Plan. It is not a legal document. The official Medicare provisions are contained in relevant laws, regulations, and rulings.

Introduction

Introduction

Mental health problems like depression or anxiety can come at any age. If you think you are having problems that are affecting your mental health, talk to your doctor. You can get help.

Medicare covers outpatient and in-hospital (**inpatient**) mental health care. Mental health care includes services and programs to help find, diagnose and treat mental health problems. These services and programs may be given in outpatient and in-hospital settings. This booklet gives you information about mental health benefits in the **Original Medicare Plan** only. If you are in another Medicare health plan (like a **Medicare managed care plan** or a **Private Fee-for-Service Plan**) you will still get all your regular Medicare covered services. You should check your plan's membership materials and call the plan for details about mental health care.

How are mental health benefits paid for in the Original Medicare Plan?

If you have **Medicare Part A**, it will help cover mental health care given in a hospital. Medicare Part A covers your room, meals, nursing and other related services and supplies.

If you have **Medicare Part B**, it will help pay for mental health services generally given outside a hospital. Medicare Part B covers doctors' services (**inpatient** and **outpatient**) and outpatient therapy services given by social workers and psychologists, laboratory tests, and **partial hospitalization**.

Terms in red are defined on pages 7-8.

Section 1: Outpatient Mental Health Care and Professional Services (Medicare Part B)

I am in the Original Medicare Plan and have Medicare Part B. My doctor says that I need outpatient mental health care. What is covered?

If you are in the **Original Medicare Plan** and have **Medicare Part B**, Medicare covers visits with these types of health professionals:

- a doctor,
- clinical psychologist,
- clinical social worker,
- clinical nurse specialist,
- nurse practitioner, and
- physician's assistant.

It is important to know that Medicare only pays for these services when they are given by a health care professional who can be paid by Medicare. You should ask your psychologist, social worker, or other health professional if they accept Medicare payment before you schedule treatment.

Medicare Part B helps pay for outpatient mental health services, such as services that are usually given outside a hospital and those that are given in the hospital's outpatient department and do not require an overnight stay. These services can be given in a clinic, doctor's or therapist's office or outpatient hospital department. Medicare will cover services like:

- individual and group therapy with doctors or certain other licensed professionals authorized by the state to give these services,
- counseling for your family to help with your treatment,
- testing to help find out whether or not you are receiving the right services and how your treatment is helping you,
- individualized activity therapies that are part of your mental health treatment,
- occupational therapy that is part of your mental health treatment,
- prescription medicine that cannot be self-administered,
- individual patient training and education for the treatment of your mental health problem, and
- laboratory tests.

Section 1: Outpatient Mental Health Care and Professional Services (Medicare Part B)

What is not covered?

Medicare does not cover the cost of:

- meals and transportation to or from mental health care services,
- support groups outside of a doctor’s or therapist’s office or hospital that brings people with like problems together to talk,
- testing or training for job skills, and
- prescription medicine that you can give yourself.

What is partial hospitalization?

Sometimes, outpatient mental health care needs to be given that takes longer and is more involved than visits to your doctor or therapist’s office. Your doctor or therapist may think that you could get help from a partial hospitalization program. Under certain conditions, Medicare helps pay for this kind of care.

Partial hospitalization is a structured program of active treatment that is more intense than the care received in your doctor’s or therapist’s office. For a partial hospitalization program to be paid, a doctor must say that you would otherwise need inpatient treatment. These programs are given through hospital outpatient departments and local community mental health centers. To be covered, your doctor and the program must be able to be paid by Medicare.

What will I have to pay for?

There are differences in how much you will have to pay for health professional and facility charges (like from the hospital outpatient department or clinic). You will have to pay 50% of the doctor and professional charges, after your yearly \$100 Medicare Part B **deductible**. Medicare pays 50% of most of these services. Medicare will send you a notice showing what you owe. You will have to pay a **copayment** or a fixed **coinsurance** amount of 20% of the provider charges, like clinic visits and outpatient hospital services. This amount may vary depending on the service you get. Medicare Part B also covers doctor’s and therapist’s services while you are in the hospital. You will have to pay a copayment or a fixed coinsurance amount of 20% for the covered health professional services you get while you are in the hospital.

If you have other health insurance or coverage, be sure to tell your doctor or other health professional so your bills can be sent to the right payer to avoid delays.

You could save some money if your doctor accepts **assignment**. For more information about assignment, call 1-800-MEDICARE (1-800-633-4227, TTY users should call 1-877-486-2048) and ask for a free copy of “Does Your Doctor Accept Assignment?”

Section 2: Inpatient Mental Health Care (Medicare Part A)

I am in the **Original Medicare Plan** and have Medicare Part A. My doctor says that I need inpatient mental health care. What is covered?

Medicare inpatient mental health care are services given in a hospital that require a hospital stay. These services can be given in a general hospital, or in a specialty psychiatric hospital that only cares for people with mental health problems.

Regardless of which type of hospital you choose, **Medicare Part A** helps pay for mental health services in the same way as it does for any other Medicare inpatient hospital care.

If you are in a speciality psychiatric hospital, Medicare Part A helps pay up to 190 days of inpatient care in a Medicare certified psychiatric facility during your lifetime. There is no lifetime limit on inpatient care given in general hospitals. You may get care in general hospitals after you reach the 190 day lifetime limit in specialty psychiatric hospitals.

What will I have to pay for?

Medicare measures your use of hospital services in **benefit periods**. A benefit period begins the day you go into a hospital or skilled nursing facility. The period ends after you haven't received hospital or skilled nursing care for 60 days in a row. If you go into a hospital after 60 days, a new benefit period begins and you must pay a new inpatient hospital **deductible** which is \$840.* There is no limit to the number of benefit periods you can have.

For each benefit period you pay:

- A one time deductible of \$840* for a hospital stay of up to 60 days.
- \$210* per day for days 61-90 of a hospital stay.
- \$420* per day for days 91-150 of a hospital stay. (See **lifetime reserve days** on page 7.)
- All costs beyond 150 days within the same benefit period.

Lifetime Reserve Days are 60 days that Medicare will pay for when you are put in a hospital for more than 90 days. These 60 reserve days can be used only once during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily **coinsurance** of \$420*.

*These amounts are for 2003, and may change on January 1 of each year.

Section 2: Inpatient Mental Health Care (Medicare Part A)

What is not covered?

Medicare does not cover the cost of private duty nursing, a telephone or television in your room, or a private room, unless medically necessary. You are responsible for all hospital costs for each day beyond 150 days within the same benefit period.

What are my Medicare patient rights?

As a Medicare patient, you have certain guaranteed rights. You have them whether you are in the **Original Medicare Plan** or a Medicare health plan (like a **Medicare managed care plan** or a **Private Fee-for-Service Plan**). These rights and protections are described in your *Medicare & You* handbook, and include the right to **appeal** any decision about your Medicare services.

If you do not have a copy of *Medicare & You*, you can call 1-800-MEDICARE (1-800-633-4227, TTY users should call 1-877-486-2048) and ask for a free copy.

What are my Medicare appeal rights?

You have the right to **appeal** any decision about your Medicare services. If Medicare does not pay for an item or service you have been given, or if you are not given an item or service you think you should get, you can appeal. For more information about your Medicare appeal rights, and what appeal steps you can take:

- look at your *Medicare & You* handbook;
- call 1-800-MEDICARE (1-800-633-4227, TTY users should call 1-877-486-2048) and ask for a free copy of *Medicare Appeals and Grievances*;
- look at www.medicare.gov on the Internet; or
- look at the back of your **Explanation of Medicare Benefits** or Medicare Summary Notice that is mailed to you from the company that handles bills for the Original Medicare Plan (Part A and/or Part B).

Terms in red are defined on pages 7-8.

Section 2: Inpatient Mental Health Care (Medicare Part A)

How can I get help to pay health care costs?

If your income is limited, your state may help pay your Medicare costs, such as your premiums and deductibles. To qualify, your monthly income must be less than:

\$1,214* for a couple \$906* for an individual

AND

Your bank accounts, stocks, bonds or other resources must be worth less than:

\$6,000 for a couple \$4,000 for an individual

For more information, call 1-800-MEDICARE (1-800-633-4227, TTY users should call 1-877-486-2048).

* Income limits will change slightly in 2003. If you live in Alaska or Hawaii, income limits are slightly higher.

Note: Individual states may have more generous income and/or resource requirements.

Definitions of Important Terms

Appeal - An appeal is a special kind of complaint you make if you disagree with any decision about your health care services, for example, if Medicare doesn't pay for a service you got. This complaint is made to your Medicare health plan or the Original Medicare Plan. There is usually a special process you must use to make your complaint.

Assignment - In the Original Medicare Plan, a process in which a doctor or supplier agrees to accept the amount Medicare approves as full payment.

Benefit Period - The way that Medicare measures your use of hospital and skilled nursing facility services. A benefit period starts the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after 60 days, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Benefits - The money or services provided by an insurance policy. In a health plan, benefits take the form of health care.

Coinsurance - The percent of the Medicare approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the cost of the service (like 20%).

Copayment - In some Medicare health plans, the amount that you pay for each medical service you get, like a doctor visit. A copayment is usually a set amount you pay for a service. For example, this could be \$5 or \$10 for a doctor visit. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

Deductible (Medicare) - The amount you must pay for health care before Medicare begins to pay, either each benefit period for Part A, or each year for Part B. These amounts can change every year.

Explanation of Medicare Benefits (EOMB) - A notice that is sent to you after the doctor files a claim for Part B services under the Original Medicare Plan. This notice explains what the provider billed for, the approved amount, how much Medicare paid, and what you must pay. This is being replaced by the Medicare Summary Notice (MSN), which sums up all services (Part A and B) that were given over a certain period of time, generally monthly.

Inpatient Care - Health care that you get when you stay overnight in a hospital.

Lifetime Reserve Days (Medicare) - Sixty days that Medicare will pay for when you are in a hospital for more than 90 days. These 60 reserve days can be used only once during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance (\$420 in 2003).

Definitions of Important Terms

Medicare Managed Care Plan - These are health care choices in some areas of the country. In most plans, you can only go to doctors, specialists, or hospitals on the plan's list. Plans must cover all Medicare Part A and Part B health care. Some plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Medicare Part A (Hospital Insurance) - The part of Medicare that covers inpatient hospital stays, skilled nursing facilities/care, home health care, and hospice care.

Medicare Part B (Medical Insurance) - The part of Medicare that covers doctors' services and outpatient hospital care. It also covers other medical services that Part A doesn't cover, like physical and occupational therapy.

Original Medicare Plan - A pay-per-visit health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Outpatient Care - Medical or surgical care that does not include an overnight hospital stay.

Outpatient Hospital Services/Medicare - Medicare or surgical care that Medicare Part B helps pay for and does not include an overnight hospital stay, including:

- blood transfusions;
- certain drugs;
- hospital billed laboratory tests;
- mental health care;
- medical supplies such as splints and casts;
- emergency room or outpatient clinic, including same day surgery; and
- x-rays and other radiation services.

Partial Hospitalization - A structured program of active treatment for psychiatric care that is more intense than the care received in a doctor's or therapist's office.

Private Fee-for-Service Plan - A private insurance plan that accepts Medicare beneficiaries. You may go to any doctor or hospital you want. The insurance plan, rather than the Medicare program, decides how much it will pay and what you pay for the services you get. You may pay more for Medicare covered benefits. You may have extra benefits the Original Medicare Plan does not cover.

In December 1999, the Surgeon General of the United States released a report on mental health. This science-based report contains several important messages:

- Mental health is fundamental to health.
- Mental health disorders are real health conditions that have an immense impact on individuals and families throughout this Nation and around the world.
- Seek help if you have a mental health problem, or think you have symptoms of a mental disorder. The efficiency of mental health treatment is well documented, and a range of treatments exist for most mental health disorders.

Used with permission from
Mental Health: A Report of the Surgeon General
U.S. Public Health Service
December, 1999

The entire report was published by:
The National Institute of Mental Health
Office of Communications and Public Liaison
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663

You can use a computer to read or print this entire report by going to www.nimh.nih.gov on the Internet. If you don't have a computer, your local library or senior center may be able to help you look at this information.

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Official Business

Penalty for Private Use, \$300

Publication No. CMS - 10184

Revised October 2002