

Outpatient Mental Health Fraud

Outpatient mental health care can be an important benefit to a beneficiary.

Medicare covers outpatient mental health services in settings such as a doctor's office or other health care provider's office, a hospital outpatient department, or a community mental health center.

Medicare only covers visits when their health care provider agrees to accept the Medicare-approved amount as full payment for any covered service provided.



Medicare Part B helps pay for outpatient mental health services, including:

- **One depression screening per year.** The screening must be done in a primary care clinic or doctor's office that can provide follow-up treatment and referrals.
- **Individual and group psychotherapy** with a doctor or other licensed mental health professional (such as psychiatrist, clinical psychologist, nurse practitioner, or clinical social worker) allowed by the state where services are being received.
- **Family counseling** if the main purpose is to help with your treatment.
- **Psychiatric evaluation, medication management, and diagnostic tests.**
- **Treatment of opioid use disorder, inappropriate alcohol and drug use.**

CALL the NYS Senior Medicare Patrol at 1-800-333-4374



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New York StateWide Senior Action Council, Inc.
275 State Street, Albany, NY 12210 • (518) 436-1006 • Fax (518) 436-7642
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Fraud Examples:

- Adult daycare services are billed as individual or group psychotherapy including:
 - ⇒ Beneficiaries are picked up by a bus or van. Medicare does not cover transportation to and from mental health services.
 - ⇒ Beneficiaries are taken out for a recreational outing with no other services received.
 - ⇒ Beneficiaries are allowed to watch TV or play games all day.
- Call-in refills for mental health prescriptions are billed as psychiatric evaluations and/or complex office visits.
- Mental health services provided by a medical assistant or other unqualified individual are billed as though you were seen by a licensed mental health professional.



How to protect yourself from this type of Fraud?

Review your Medicare Summary Notice (MSN) and/or Explanation of Benefits (EOB) and report the following concerns:

- Services listed do not match what you actually received.
- Medicare was billed for individual treatment when group services were received.
- Diagnostic tests, medical equipment, or prescriptions you didn't receive were added on to your statement.
- Medicare was billed for in-person visits or expensive facility care when only telehealth services were provided.

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