



# TRICARE Behavioral Health Care Services



The primary care manager (PCM) is responsible for the coordination of all care. When a TRICARE Prime beneficiary receives behavioral health and/or substance use disorder care, TRICARE requires the rendering provider to submit a consult report to the PCM within 10 working days of the specialty encounter. Emergency consult feedback is requested within 24 hours. If the beneficiary refuses to sign a medical release for the consult report, the provider must inform ValueOptions within the time period described above.

## Outpatient Behavioral Health Covered Services

Service	Coverage Details	Authorization	Frequency Limitations	Associated Forms
<b>Psychiatric Diagnostic Interview Examination (90801–90802)</b>	<ul style="list-style-type: none"> <li>Initial evaluation does not count toward initial 8 self-referred, routine behavioral health sessions (ADSMs require referral)</li> </ul>	<ul style="list-style-type: none"> <li>Not required (<i>unless more than one session required within same benefit period</i>)</li> </ul>	<ul style="list-style-type: none"> <li>One per provider, per beneficiary, per year</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient Treatment Report Form (<i>for more than one session</i>)</li> </ul>
<b>Outpatient Psychotherapy</b>	<p><b>Covered sessions:</b></p> <ul style="list-style-type: none"> <li>Individual psychotherapy</li> <li>Group/conjoint (<i>up to 90 minutes</i>)</li> <li>Crisis intervention (<i>up to 75–80 minutes</i>)</li> <li>Collateral visits</li> <li>Family therapy (<i>up to 90 minutes</i>)</li> <li>Psychoanalysis</li> </ul>	<ul style="list-style-type: none"> <li>Required after first 8 self-referred visits per year, per beneficiary (<i>active duty service members require referral</i>)</li> </ul>	<ul style="list-style-type: none"> <li>No more than 2 sessions per week (<i>Sunday–Saturday</i>)</li> <li>Multiple sessions of the same type cannot be billed on the same day</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient Treatment Report Form</li> </ul>
<b>Psychological and Neuropsychological Testing</b>	<ul style="list-style-type: none"> <li>Medical necessity established in writing</li> <li>Performed in conjunction with otherwise-covered psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Always required, regardless of the setting</li> </ul>	<ul style="list-style-type: none"> <li>Generally limited to 6 hours per fiscal year (FY)</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization for Psychological Testing Form</li> </ul>
<b>Medication Management (90862)</b>	<ul style="list-style-type: none"> <li>Covered when provided as independent procedure</li> <li>Must be rendered by a TRICARE-authorized/certified provider</li> </ul>	<ul style="list-style-type: none"> <li>Not required for up to 2 visits per month (<i>do not count as therapy sessions</i>)</li> <li>Required if in conjunction with therapy (<i>codes 90805, 90807, and 90809</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Limited to 2 visits per month</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient Treatment Report Form</li> </ul>
<b>Electroconvulsive Therapy (ECT)</b>	<ul style="list-style-type: none"> <li>Only covered when medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>Required for all ECT components</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Request for ECT Form</li> </ul>

## Inpatient Behavioral Health Covered Services

Service	Coverage Details	Authorization	Frequency Limitations
<b>Acute Inpatient Care</b>	<ul style="list-style-type: none"> <li>Stabilizes a life-threatening or severely disabling behavioral health condition</li> <li>Psychiatric emergency admissions are required when, based on a psychiatric evaluation, the beneficiary is at immediate risk of serious harm to self or others and requires immediate continuous skilled observation</li> </ul>	<ul style="list-style-type: none"> <li>An authorization is required for all behavioral health admissions without exception. ValueOptions must be notified within 24 hours of admission or the next business day, with a maximum time of 72 hours.</li> </ul>	<ul style="list-style-type: none"> <li>Up to 30 days for patients age 19 and older per FY or in any single admission</li> <li>Up to 45 days for patients age 18 and younger per FY or in any single admission</li> <li>Inpatient admissions for substance use disorder detoxification and rehabilitation count toward 30- or 45-day limit</li> <li>Stay limits may be waived per medical necessity</li> </ul>
<b>Residential Treatment Centers (RTC)</b> <i>(must be TRICARE-authorized/certified by Maximus)</i>	<ul style="list-style-type: none"> <li>Covered for children and adolescents (<i>up to age 21</i>) who require behavioral health care due to a serious behavioral health disorder</li> <li>Most RTCs will not accept patients over age 17</li> </ul>	<ul style="list-style-type: none"> <li>Always required</li> </ul>	<ul style="list-style-type: none"> <li>Up to 150 days per FY for a single admission based on ongoing medical necessity reviews</li> </ul>
<b>Psychiatric Partial Hospitalization Programs (PHP)</b> <i>(must be TRICARE-authorized/certified by Maximus)</i>	<ul style="list-style-type: none"> <li>Crisis stabilization or treatment of partially stabilized behavioral health disorders</li> <li>Serve as a transition from an inpatient program when medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>Always required</li> </ul>	<ul style="list-style-type: none"> <li>Up to 60 treatment days (<i>full- or half-day program</i>) per FY or in a single admission</li> <li>Do not count toward 30- or 45-day limit</li> </ul>

The information in this chart may contain updates that were not printed in the *TRICARE Provider Handbook*.



# TRICARE Behavioral Health Care Services

## Substance Use Disorder Covered Services

Service	Coverage Details	Authorization	Frequency Limitations
<b>Inpatient Detoxification</b>	<ul style="list-style-type: none"> <li>Covered when medically necessary for active medical treatment of acute phases of substance use withdrawal for stabilization and treatment of medical complications of substance use disorders</li> </ul>	<ul style="list-style-type: none"> <li>Required for all inpatient detoxification admissions without exception</li> <li>Notify ValueOptions within 24 hours of emergency admission</li> </ul>	<ul style="list-style-type: none"> <li>Up to 7 days of detoxification</li> <li>Count toward 30- or 45-day limit on inpatient behavioral health services</li> <li>Do not count toward 21 days of substance use rehabilitation</li> </ul>
<b>Inpatient Rehabilitation</b>	<ul style="list-style-type: none"> <li>Follows the detoxification period</li> <li>Must be a TRICARE-authorized/certified substance use disorder rehabilitation facility (SUDRF) whether freestanding or hospital-based</li> </ul>	<ul style="list-style-type: none"> <li>Required</li> </ul>	<ul style="list-style-type: none"> <li>Up to 21 days of rehabilitation per benefit period</li> <li>Count toward 30- or 45-day limit on inpatient behavioral health services</li> </ul>
<b>Outpatient Care</b>	<ul style="list-style-type: none"> <li>Covered in group setting only (<i>individual outpatient care not a covered benefit</i>)</li> <li>Must be a TRICARE-authorized/certified hospital or a SUDRF (<i>freestanding or hospital-based</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Required</li> </ul>	<ul style="list-style-type: none"> <li>Up to 60 group therapy visits over a benefit year</li> <li>Up to 15 family therapy visits per year beginning on first day of therapy</li> </ul>
<b>Partial Hospitalization Programs (PHP)</b>	<ul style="list-style-type: none"> <li>May be used alone or as a step-down from inpatient rehabilitation</li> <li>Must be a TRICARE-authorized/certified SUDRF (<i>freestanding or hospital-based</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Always required</li> </ul>	<ul style="list-style-type: none"> <li>Up to 21 treatment days (<i>full- or half-day program</i>) per fiscal year</li> </ul>

Non-covered Behavioral Health Services		
<ul style="list-style-type: none"> <li>Aversion therapy (<i>including electric shock and the use of chemicals for alcoholism, except for disulfiram, which is covered for the treatment of alcoholism</i>)</li> <li>Behavioral health services and supplies related solely to obesity and/or weight reduction</li> <li>Bioenergetic therapy</li> <li>Biofeedback for psychosomatic conditions</li> <li>Carbon dioxide therapy</li> <li>Custodial nursing care</li> <li>Diagnostic admissions</li> <li>Educational programs</li> <li>Environmental ecological treatments</li> <li>Experimental procedures</li> <li>Eye movement desensitization and reprocessing training</li> </ul>	<ul style="list-style-type: none"> <li>Filial therapy</li> <li>Guided imagery</li> <li>Hemodialysis for schizophrenia</li> <li>Intensive outpatient treatment program</li> <li>Marathon therapy</li> <li>Megavitamin or orthomolecular therapy</li> <li>Narcotherapy with LSD</li> <li>Primal therapy</li> <li>Psychosurgery (<i>Surgery for relief of movement disorders, electroshock treatments, and surgery to interrupt transmission of pain along sensory pathways are not considered psychosurgery.</i>)</li> <li>Rolfing</li> <li>Sedative action electrostimulation therapy</li> <li>Services and supplies that are not medically or psychologically necessary for the diagnosis and treatment of a covered condition</li> </ul>	<ul style="list-style-type: none"> <li>Sexual dysfunction therapy</li> <li>Smoking cessation programs (<i>covered only for TRICARE Prime Remote active duty service members who meet specific criteria</i>)</li> <li>Some counseling services</li> <li>Telephone counseling (<i>except for geographic distant family therapy related to RTC treatment</i>)</li> <li>Therapy for developmental disorders (<i>e.g., dyslexia, mathematics, language, articulation</i>)</li> <li>Training analysis</li> <li>Transcendental meditation</li> <li>V codes</li> <li>Z therapy</li> </ul>

## Who to Contact

ValueOptions provider relations representatives are available to answer non-clinical questions, address concerns, or accept requests for additional information. To reach a provider relations representative, call **1-800-700-8646** between the hours of 8 a.m. and 6 p.m. Eastern Time. Fax Outpatient Treatment Report (OTR) forms to **1-866-811-4422**.