

# TRICARE® Behavioral Health Care Services



The primary care manager (PCM) is responsible for the coordination of all care for TRICARE Prime beneficiaries. The provider rendering behavioral health and/or substance use disorder care, must submit a consult report to the PCM within 10 working days. 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, Inc. (ValueOptions) within the time period described above. Visit [www.humana-military.com/south/provider/tools-resources/forms.asp](http://www.humana-military.com/south/provider/tools-resources/forms.asp) to find associated forms.

## Outpatient Behavioral Health Care Covered Services

Service	Coverage Details	Prior Authorization <sup>1</sup>	Frequency Limitations
<b>Psychiatric Diagnostic Interview Examination</b>	<ul style="list-style-type: none"> <li>Initial evaluation counts toward the initial eight self-referred outpatient visits (<i>active duty service members [ADSMs] require referrals</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Not required (<i>unless more than one session requested within same fiscal year [FY] [October 1–September 30]</i>)</li> </ul>	<ul style="list-style-type: none"> <li>One per beneficiary, per FY</li> </ul>
<b>Outpatient Psychotherapy</b> ( <i>physician referral and supervision required when seeing licensed or certified mental health and pastoral counselors and similar non-independent providers</i> )	<p><b>Covered sessions:</b></p> <ul style="list-style-type: none"> <li>Psychotherapy (<i>individual up to 60 minutes, family or conjoint up to 90 minutes, group up to 90 minutes</i>)</li> <li>Crisis intervention (<i>individual up to 120 minutes, family or conjoint up to 180 minutes</i>)</li> <li>Collateral visits</li> <li>Psychoanalysis</li> </ul>	<ul style="list-style-type: none"> <li>Required after first eight self-referred visits per FY, per beneficiary</li> <li>ADSMs: Referral or authorization required before receiving any care outside of a military treatment facility</li> <li>Required for psychoanalysis</li> </ul>	<ul style="list-style-type: none"> <li>A provider cannot bill for more than two sessions per calendar week without prior authorization from ValueOptions</li> <li>Multiple sessions of the same type cannot be billed on the same day</li> </ul>
<b>Psychological and Neuropsychological Testing</b>	<ul style="list-style-type: none"> <li>Covered when medical necessity exists and performed in conjunction with otherwise-covered psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Not required</li> </ul>	<ul style="list-style-type: none"> <li>Psychological testing is generally limited to six hours per FY, but ValueOptions may approve more hours on a case-by-case basis.</li> </ul>
<b>Medication Management</b>	<ul style="list-style-type: none"> <li>Covered when provided as an independent procedure when rendered by a provider who is authorized to prescribe the medication</li> </ul>	<ul style="list-style-type: none"> <li>Not required, except when provided in conjunction with therapy</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Electroconvulsive Therapy</b>	<ul style="list-style-type: none"> <li>May be covered when medically necessary and must be rendered by a qualified provider</li> </ul>	<ul style="list-style-type: none"> <li>Not required</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

1. Submitting an authorization request online at [www.humana-military.com](http://www.humana-military.com) is the quickest and most convenient way to obtain an authorization. Many times an authorization can be obtained immediately for the entire episode of care.

## Inpatient Behavioral Health Care Covered Services

Service	Coverage Details	Prior Authorization	Frequency Limitations
<b>Acute Inpatient Psychiatric Care</b>	<ul style="list-style-type: none"> <li>For stabilization of 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>Required for all behavioral health admissions and ValueOptions must be notified within 24 hours of admission or the next business day</li> </ul>	<ul style="list-style-type: none"> <li>Patients age 19 and older: 30 days per FY or in any single admission</li> <li>Patients age 18 and under: 45 days 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>ValueOptions may approve additional days, as appropriate, based on medical necessity</li> </ul>
<b>Residential Treatment Center (RTC)</b> ( <i>must be TRICARE-authorized by KePRO</i> )	<ul style="list-style-type: none"> <li>Covered for children and adolescents (<i>up to age 21</i>) with psychological disorders who require continued treatment in a therapeutic environment</li> </ul>	<ul style="list-style-type: none"> <li>Required</li> </ul>	<ul style="list-style-type: none"> <li>Up to 150 days per FY or for a single admission</li> <li>ValueOptions may approve additional days, as appropriate, based on medical necessity</li> </ul>
<b>Psychiatric Partial Hospitalization Program (PHP)</b> ( <i>must be TRICARE-authorized by KePRO</i> )	<ul style="list-style-type: none"> <li>For stabilization or treatment of partially stabilized behavioral health disorders</li> <li>Serves as a transition from an inpatient program when medically necessary</li> <li>Appropriate for crisis stabilization</li> </ul>	<ul style="list-style-type: none"> <li>Requires referral and prior authorization from ValueOptions</li> </ul>	<ul style="list-style-type: none"> <li>Up to 60 treatment days (<i>full- or half-day program</i>) per FY or for any single admission</li> <li>Does not count toward 30- or 45-day behavioral health care inpatient limit</li> </ul>



# TRICARE Behavioral Health Care Services

## Substance Use Disorder Covered Services

Service	Coverage Details	Prior 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 (<i>detoxification</i>) when the patient's condition requires the personnel and facilities of a hospital</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 or the next business day</li> </ul>	<ul style="list-style-type: none"> <li>Up to seven days per episode in a TRICARE-authorized facility</li> <li>Counts toward 30- or 45-day inpatient behavioral health care limit</li> <li>Does not count toward 21-day rehabilitation limit</li> </ul>
<b>Inpatient Rehabilitation</b>	<ul style="list-style-type: none"> <li>Follows the detoxification period</li> <li>Care must occur in an inpatient or partial hospitalization setting</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 year, per benefit period<sup>1</sup></li> <li>Up to three benefit treatment episodes per lifetime</li> <li>Counts toward 30- or 45-day limit on inpatient behavioral health care services</li> </ul>
<b>Outpatient Care</b>	<ul style="list-style-type: none"> <li>Outpatient care must be provided by an approved substance use disorder rehabilitation facility (SUDRF)</li> </ul>	<ul style="list-style-type: none"> <li>Required</li> </ul>	<ul style="list-style-type: none"> <li>60 individual or group therapy visits per benefit period<sup>1</sup></li> <li>15 family therapy visits per benefit period<sup>1</sup></li> </ul>
<b>Partial Hospitalization Program</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 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 21 treatment days (<i>full- or half-day program</i>) per FY</li> <li>Counts toward 60-day limit per FY</li> </ul>

1. A benefit period begins with the first day of covered treatment and ends 365 days later.

## Non-Covered Behavioral Health Care Services<sup>2</sup>

<ul style="list-style-type: none"> <li>Aversion therapy (<i>including electric shock and the use of chemicals for alcoholism, except for Antabuse® [disulfiram], which is covered for the treatment of alcoholism</i>)</li> <li>Behavioral health care 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>Counseling services that are not medically necessary in the treatment of a diagnosed medical condition (<i>e.g., educational, vocational, or nutritional counseling, stress management, marital therapy, or lifestyle modifications</i>)</li> <li>Custodial nursing care</li> <li>Diagnostic admissions</li> <li>Educational programs</li> </ul>	<ul style="list-style-type: none"> <li>Environmental ecological treatments</li> <li>Experimental procedures</li> <li>Filial therapy</li> <li>Guided imagery</li> <li>Hemodialysis for schizophrenia</li> <li>Marathon therapy</li> <li>Megavitamin or orthomolecular therapy</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>Services for V-code diagnoses</li> <li>Sexual dysfunction therapy</li> <li>Supplies related to “stop smoking” regimes</li> <li>Surgery performed primarily for psychological reasons (<i>e.g., psychogenic</i>)</li> <li>Telephone counseling (<i>except for geographically distant-family-therapy related to RTC treatment</i>)</li> <li>Therapy for developmental disorders (<i>e.g., dyslexia, mathematics, language, and articulation</i>)</li> <li>Training analysis</li> <li>Unproven drugs, devices, and medical treatments or procedures</li> <li>Vagus nerve stimulation therapy</li> <li>Z therapy</li> </ul>
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2. This list is **not** all-inclusive.

## For Information and Assistance

ValueOptions provider relations representatives can answer non-clinical questions, address concerns, or accept requests for additional information. Provider relations representatives are available 8 a.m. to 7 p.m., ET Monday to Friday, excluding federal holidays, at **1-800-700-8646**. Fax all behavioral health care medical necessity review forms, such as the *TRICARE Outpatient Treatment Report* form, to **1-866-811-4422**.