

TRICARE Behavioral Health Care Services



The primary care manager (PCM) is responsible for the coordination of all care for TRICARE Prime beneficiaries. When a TRICARE Prime beneficiary receives behavioral health and/or substance use disorder care, the rendering provider must 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. Visit 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	Frequency Limitations
Psychiatric Diagnostic Interview Examination	<ul style="list-style-type: none"> Initial evaluation does not count toward initial eight self-referred, routine behavioral health sessions (<i>active duty service members [ADSMs] require referral</i>) 	<ul style="list-style-type: none"> Not required (<i>unless more than one session requested within same fiscal year [FY]</i>) 	<ul style="list-style-type: none"> One per provider, per beneficiary, per FY (<i>October 1–September 30</i>)
Outpatient Psychotherapy <i>(physician referral and supervision required when seeing licensed professional counselor [LPC], licensed mental health counselor [LMHC], or pastoral counselor)</i>	<p>Covered sessions:</p> <ul style="list-style-type: none"> Psychotherapy (<i>individual up to 60 minutes, family or conjoint up to 90 minutes, group up to 90 minutes</i>) Crisis intervention (<i>individual up to 120 minutes, family or conjoint up to 180 minutes</i>) Collateral visits Psychoanalysis 	<ul style="list-style-type: none"> Required after first eight self-referred visits per FY, per beneficiary ADSMs: Referral or authorization required before receiving any care outside of a military treatment facility Required for psychoanalysis 	<ul style="list-style-type: none"> Up to two sessions per week (<i>Sunday–Saturday</i>) without prior authorization Multiple sessions of the same type cannot be billed on the same day
Psychological and Neuropsychological Testing	<ul style="list-style-type: none"> Medical necessity Performed in conjunction with otherwise-covered psychotherapy 	<ul style="list-style-type: none"> Not required 	<ul style="list-style-type: none"> Generally limited to six hours per FY
Medication Management	<ul style="list-style-type: none"> Covered when provided as independent procedure Must be rendered by a TRICARE-authorized provider 	<ul style="list-style-type: none"> Not required 	<ul style="list-style-type: none"> None
Electroconvulsive Therapy (ECT)	<ul style="list-style-type: none"> Only covered when medically necessary 	<ul style="list-style-type: none"> Not required 	<ul style="list-style-type: none"> None

Inpatient Behavioral Health Care Covered Services

Service	Coverage Details	Prior Authorization	Frequency Limitations
Acute Inpatient Care	<ul style="list-style-type: none"> Stabilizes a life-threatening or severely disabling behavioral health condition 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 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Patients age 19 and older: Up to 30 days per FY or in any single admission Patients age 18 and younger: Up to 45 days per FY or in any single admission Inpatient admissions for substance use disorder detoxification and rehabilitation count toward 30- or 45-day limit Stay limits may be waived per medical necessity
Residential Treatment Center (RTC) <i>(must be TRICARE-authorized by Maximus)</i>	<ul style="list-style-type: none"> Covered for children and adolescents (up to age 21) who require behavioral health care due to a serious behavioral health disorder Most RTCs will not accept patients over age 17 	<ul style="list-style-type: none"> Always required 	<ul style="list-style-type: none"> Up to 150 days per FY or for a single admission based on ongoing medical necessity reviews Stay limits may be waived per medical necessity
Psychiatric Partial Hospitalization Program (PHP)¹ <i>(must be TRICARE-authorized by Maximus)</i>	<ul style="list-style-type: none"> For stabilization or treatment of partially stabilized behavioral health disorders Serves as a transition from an inpatient program when medically necessary 	<ul style="list-style-type: none"> Always required 	<ul style="list-style-type: none"> Up to 60 treatment days (<i>full- or half-day program</i>) per FY or in a single admission Do not count toward 30- or 45-day inpatient limit Stay limits may be waived per medical necessity

1. Effective May 1, 2009, hospital-based PHPs will be reimbursed using the TRICARE Outpatient Prospective Payment System (OPPS).



TRICARE Behavioral Health Care Services

Substance Use Disorder Covered Services

Service	Coverage Details	Prior Authorization	Frequency Limitations
Inpatient Detoxification	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Required for all inpatient detoxification admissions without exception Notify ValueOptions within 24 hours of emergency admission 	<ul style="list-style-type: none"> Up to seven days of detoxification per episode Counts toward 30- or 45-day inpatient behavioral health care limit Does not count toward 21 days of substance use rehabilitation
Inpatient Rehabilitation	<ul style="list-style-type: none"> Follows the detoxification period Must be a TRICARE-authorized substance use disorder rehabilitation facility (SUDRF), whether freestanding or hospital-based 	<ul style="list-style-type: none"> Required 	<ul style="list-style-type: none"> Up to 21 days of rehabilitation per benefit period¹ Up to three benefit periods¹ per lifetime Counts toward 30- or 45-day limit on inpatient behavioral health care services
Outpatient Care	<ul style="list-style-type: none"> Individual, group, or family therapy covered only within the SUDRF Must be a TRICARE-authorized hospital or SUDRF (<i>freestanding or hospital-based</i>) 	<ul style="list-style-type: none"> Required 	<ul style="list-style-type: none"> Up to 60 individual or group therapy visits per benefit period¹ Up to 15 family therapy visits per benefit period¹
Partial Hospitalization Program (PHP)	<ul style="list-style-type: none"> May be used alone or as a step-down from inpatient rehabilitation Must be a TRICARE-authorized SUDRF (<i>freestanding or hospital-based</i>) 	<ul style="list-style-type: none"> Always required 	<ul style="list-style-type: none"> Up to 21 treatment days (<i>full- or half-day program</i>) per FY Counts toward 60-day limit per FY

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

Non-Covered Behavioral Health Care Services²

<ul style="list-style-type: none"> 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>) Behavioral health care services and supplies related solely to obesity and/or weight reduction Bioenergetic therapy Biofeedback for psychosomatic conditions Carbon dioxide therapy Counseling services that are not medically necessary in the treatment of a diagnosed medical condition, e.g., educational or nutritional counseling, marital therapy or lifestyle modifications Custodial nursing care Diagnostic admissions Educational programs Environmental ecological treatments Experimental procedures Eye movement desensitization and reprocessing (EMDR) 	<ul style="list-style-type: none"> Filial therapy Guided imagery Hemodialysis for schizophrenia Hypnotherapy Intensive outpatient treatment program (IOP) Marathon therapy Megavitamin or orthomolecular therapy Narcotherapy with LSD Phototherapy for seasonal affective disorder (SAD) Primal therapy 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>) Rolfing Sedative action electrostimulation therapy Services and supplies that are not medically or psychologically necessary for the diagnosis and treatment of a covered condition 	<ul style="list-style-type: none"> Services for V-code diagnoses Services or supplies related to “stop smoking” regimens Sexual dysfunction therapy Surgery performed primarily for psychological reasons (<i>such as psychogenic</i>) Telephone counseling (<i>except for geographically distant family therapy related to RTC treatment</i>) Therapy for developmental disorders (<i>e.g., dyslexia, mathematics, language, and articulation</i>) Training analysis Transcendental meditation Unproven drugs, devices, and medical treatments or procedures Vagus nerve stimulation (VNS) therapy Z therapy
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2. This list is not intended to be all-inclusive.

Who to Contact

ValueOptions provider relations representatives are available to answer non-clinical questions, address concerns, or accept requests for additional information. Provider relations representatives are available 8 a.m.–6 p.m., Monday–Friday, 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**.