



TRICARE® Behavioral Health Care Services

TRICARE behavioral health care services are available for you and your family

This fact sheet provides information to help you access the behavioral health care services you need. Visit www.tricare.mil/mentalhealth or contact your regional contractor for more information.

COVERED OUTPATIENT SERVICES

Referrals and authorizations may be necessary for certain outpatient services. Active duty service members (ADSMs) should always seek nonemergency behavioral health care at military treatment facilities (MTFs), when available. If services are not available, ADSMs must obtain referrals from their MTFs or service points of contact (SPOCs) before receiving civilian care. All other TRICARE beneficiaries (*non-ADSMs*) do not need referrals or prior authorization for the first eight outpatient behavioral health care visits per fiscal year (FY) (*October 1–September 30*) to a network provider for a medically diagnosed and covered condition. Care access and rules vary by beneficiary type, location, and TRICARE program option. Refer to the *Getting Care* section of this fact sheet for details.

Psychotherapy

Psychotherapy is discussion-based behavioral health therapy. Outpatient and inpatient psychotherapy are covered when medically or psychologically necessary to treat a behavioral health disorder. Outpatient psychotherapy is covered up to two sessions per week in any combination of individual, family, group, or collateral sessions (*as long as two therapy sessions of the same type do not occur on the same day*). The following types of therapy sessions are covered:

- **Individual psychotherapy:** Therapy may be used for adults and children to ease emotional issues, reverse or change troubling behavior, and encourage personality growth and development. Sessions are covered up to 60 minutes;

crisis sessions may extend up to 120 minutes. **Note:** For a patient whose primary diagnosis is a substance use disorder, outpatient psychotherapy is only covered when provided by a TRICARE-authorized substance use disorder rehabilitation facility (SUDRF). Individual psychotherapy is also covered for patients with mental-disorder diagnoses that coexist with alcohol or other drug-abuse disorders. Refer to the *Substance Use Disorders* section of this fact sheet for more information.

- **Family or conjoint psychotherapy:** Therapy designed to treat the entire family. Regular sessions are covered up to 90 minutes; crisis sessions may extend up to 180 minutes.
- **Group psychotherapy:** Therapy in which multiple patients are treated together as a group. Sessions are covered up to 90 minutes.
- **Collateral visits:** A collateral visit is not a therapy session. These visits are used to gather information and to implement treatment goals. Collateral visits are counted as individual psychotherapy sessions and can last up to 60 minutes. Beneficiaries have the option of combining collateral visits with other individual or group psychotherapy visits.

Psychoanalysis

Psychoanalysis differs from psychotherapy and requires prior authorization. After prior authorization is obtained, treatment must be given by approved providers.

Psychological Testing

Psychological testing and assessment are covered only when provided in conjunction with psychotherapy. Testing is limited to six hours per FY. Any testing beyond six hours requires a review for medical necessity.

Medication Management

If you take prescription medications for a behavioral health condition, you must be under the care of a provider who is authorized to prescribe those drugs. Your provider will manage the dosage and duration of your prescriptions.

Telemental Health Program

The Telemental Health program is available to all stateside TRICARE beneficiaries. At Telemental Health-participating TRICARE facilities, beneficiaries can use secure audio-visual conferencing to connect with off-site TRICARE network providers. Costs, limitations, and referral and authorization requirements apply. For more information about Telemental Health, visit www.tricare.mil/mentalhealth or contact your regional contractor.

COVERED INPATIENT SERVICES

Availability, care access, and referral and authorization requirements for inpatient services may vary by beneficiary type, location, and TRICARE program option. Refer to the *Getting Care* section of this fact sheet for details.

Prior authorization is required for all nonemergency inpatient behavioral health care services. Psychiatric emergencies do not require prior authorization, but authorization is required for continued stay. Admissions resulting from psychiatric emergencies **should** be reported to your regional contractor within 24 hours of admission or the next business day, and **must** be reported within 72 hours of an admission. Authorization for continued stay is coordinated between the inpatient unit and the regional contractor.

Note: ADSMs who receive care at MTFs do not require prior authorization.

Acute Inpatient Psychiatric Care

The purpose of acute inpatient care is to stabilize a life-threatening or severely disabling behavioral health condition. Benefit limits are as follows:

- Patients 19 and older are limited to 30 days per FY* or in any single admission.
- Patients 18 and younger are limited to 45 days per FY* or in any single admission.

* Limitations may be waived if determined to be medically or psychologically necessary.

Psychiatric Partial Hospitalization Program

A psychiatric partial hospitalization program (PHP) is recommended when a behavioral health provider believes it is necessary to stabilize a critical behavioral health disorder that does not require care in an inpatient psychiatric setting, or to transition from an inpatient program to an outpatient program.

A PHP is a treatment setting that provides medical therapeutic services at least three hours per day, five days per week. Treatment may include day, evening, night, and weekend programs.

TRICARE provides up to 60 days of coverage per FY (*full- or half-day program*) in a TRICARE-authorized program for behavioral health disorders. PHP treatment for a diagnosis of a substance use disorder is limited to the rehabilitation treatment maximum outlined in the *Substance Use Disorders* section of this fact sheet. PHP care does not count toward the 30- or 45-day limit for acute inpatient psychiatric care.

Residential Treatment Center Care

Residential treatment centers (RTCs) provide extended care for children and adolescents who have behavioral health disorders requiring treatment in a therapeutic environment 24 hours a day, seven days a week. Residential treatment may be required for children and adolescents who are stabilized enough to not require acute inpatient hospitalization, but do require a structured, therapeutic, residential setting to stabilize their condition so they can function at home and in an outpatient setting in the future.

TRICARE covers up to 150 days per FY in a TRICARE-authorized RTC and may cover more if the care is medically or psychologically necessary.

RTC care always requires referral and prior authorization, is not covered in emergencies, and admission primarily for substance use is not authorized. Care does not count toward the 30- or 45-day limit for acute inpatient psychiatric care. TRICARE covers RTC care up to age 21; however, most RTCs do not accept individuals older than age 17.

SUBSTANCE USE DISORDERS

Substance use disorders include alcohol or drug abuse or dependence. Services are only covered by TRICARE-authorized institutional providers—an authorized hospital or an organized treatment program in an authorized freestanding or hospital-based SUDRF. Treatment includes detoxification, rehabilitation, and outpatient individual, group, and family therapy.

TRICARE covers three substance use disorder rehabilitation treatments in a lifetime and one per benefit period. A benefit period begins with the first date of the covered treatment and ends 365 days later.

Inpatient Detoxification

TRICARE covers emergency and inpatient hospital services for the treatment of the acute phases of substance use withdrawal (*detoxification*) when the patient's condition requires the personnel and facilities of a hospital or SUDRF. Up to seven days per episode are covered in a TRICARE-authorized, diagnosis-related group-exempt facility. Inpatient detoxification care counts toward the 30- or 45-day limit for acute inpatient psychiatric care, but not toward the 21-day rehabilitation limit.

Rehabilitation

Rehabilitation of a substance use disorder may occur in an inpatient (*residential*) or partial hospitalization setting. TRICARE covers 21 days of rehabilitation per benefit period in a TRICARE-authorized facility, whether in an inpatient or PHP or a combination of both. Limitations may be waived if determined to be medically or psychologically necessary. Days for rehabilitation count toward the 30- or 45-day limit for acute inpatient psychiatric care.

Outpatient Substance Use Care

Outpatient substance use care must be provided in an individual, family, or group setting by an approved SUDRF (*freestanding or hospital-based*). Benefit limits are as follows:

- **Individual or group therapy:** Up to 60 visits per benefit period (*only within the SUDRF*)
- **Family therapy:** Up to 15 visits per benefit period

Limitations may be waived if determined to be medically or psychologically necessary.

EXCLUSIONS

The following behavioral health care services are not covered under TRICARE. This list is **not** all-inclusive.

- Aversion therapy (*including electric shock and the use of chemicals for alcoholism, except for disulfiram, which is covered for the treatment of alcoholism*)
- Behavioral health care services and supplies related solely to obesity and/or weight reduction
- Biofeedback for psychosomatic conditions
- Counseling services that are not medically necessary in the treatment of a diagnosed medical condition (*e.g., educational counseling, vocational counseling, and counseling for socioeconomic purposes, stress management, lifestyle modifications*)
- Custodial nursing care
- Educational programs
- Experimental procedures
- Marathon therapy
- Megavitamin or orthomolecular therapy
- Psychological testing and assessment as part of an assessment for academic placement (*This exclusion encompasses all psychological testing related to educational programs, issues, or deficiencies; or testing to determine whether a beneficiary has a learning disability if the primary or sole basis for the testing is to assess for a learning disability.*)
- Psychosurgery (*Surgery for the relief of movement disorders and surgery to interrupt the transmission of pain along sensory pathways are not considered psychosurgery.*)
- Services and supplies that are not medically or psychologically necessary for the diagnosis and treatment of a covered condition

- Sexual dysfunction therapy
- Therapy for developmental or learning disorders such as dyslexia, developmental mathematics disorders, developmental language disorders, and developmental articulation disorders

GETTING CARE

Emergency Care

In an emergency, call 911 or go to the nearest emergency room. If you need emergency care overseas, go to the nearest emergency care facility or call the Medical Assistance number for the region where you are located. Referrals and prior authorizations are not required for emergency care.

ADSMs who are admitted for emergency care should work with the facility to obtain a continued-stay authorization from their MTF primary care managers (PCMs), Military Medical Support Office SPOCs, or TRICARE Overseas Program (TOP) Regional Call Centers within 24–72 hours of admission.

When non-ADSMs are admitted for emergency care, their PCMs, regional contractors, or TOP Regional Call Centers should be notified within 24–72 hours of an admission. If an emergency care admission occurs while traveling overseas, beneficiaries should contact their PCMs or TOP Regional Call Centers **before leaving the facility**, or within 24 hours or on the next business day.

Nonemergency Care

For nonemergency care, your PCM or primary care provider can provide an initial assessment and possibly treatment, and can refer you to an appropriate behavioral health care provider, if necessary.

ADSMs should always seek nonemergency behavioral health care at MTFs first. ADSMs must always obtain MTF PCM referrals before receiving civilian care.

TRICARE Prime beneficiaries should seek care from TRICARE network providers. If you seek nonemergency care from a non-network provider without a referral from your PCM, your care will be covered at higher out-of-pocket costs under the point-of-service (POS) option.* TRICARE Standard beneficiaries may see any TRICARE-authorized provider but will minimize out-of-pocket costs by visiting network providers (*under TRICARE Extra*).

* *The POS option does not apply to ADSMs, children for the first 60 days following their birth or adoption, emergency care, beneficiaries with other health insurance, or the first eight behavioral health outpatient visits to a network provider for a medically diagnosed and covered condition per fiscal year (FY) (October 1–September 30).*

Non-ADSMs do not need referrals or prior authorization for the first eight outpatient behavioral health care visits per FY to a network provider for a medically diagnosed and covered condition. However, a physician referral and supervision is always required to see licensed or certified mental health and

pastoral counselors. You must obtain prior authorization from your regional contractor beginning with the ninth visit.

Nonemergency inpatient admissions, PHPs, and other services always require prior authorization. Contact your regional contractor for prior authorization requirements.

To coordinate referrals and authorizations overseas, TOP Prime beneficiaries should contact their PCMs or MTFs. TOP Prime Remote beneficiaries should contact their TOP Regional Call Centers.

COSTS

ADSMs have no costs for behavioral health care received from or authorized by the Military Health System. Non-ADSMs can minimize costs by seeking care at MTFs, when available, or from TRICARE network providers. TRICARE Prime active duty family members may obtain nonemergency care from TRICARE-authorized, non-network providers without referrals, but POS fees apply.

For specific cost details, visit www.tricare.mil/costs.

FOR INFORMATION AND ASSISTANCE

<div><div>N</div><div>TRICARE North Region</div></div> <div>Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com</div> <div>Behavioral Health Care: 1-877-874-2273</div>	<div><div>S</div><div>TRICARE South Region</div></div> <div>Humana Military Healthcare Services, Inc. 1-800-444-5445 www.humana-military.com</div> <div>Behavioral Health Care ValueOptions: 1-800-700-8646</div>	<div><div>W</div><div>TRICARE West Region</div></div> <div>TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378) www.triwest.com</div> <div>Behavioral Health Care Crisis Line: 1-866-284-3743</div>
<div>TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa¹ +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com</div> <div>Medical Assistance¹ +44-20-8762-8133</div>	<div>TOP Regional Call Center— Latin America and Canada¹ +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricarephl@internationalsos.com</div> <div>Medical Assistance¹ +1-215-942-8320</div>	<div>TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com</div> <div>Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydricare@internationalsos.com</div> <div>Medical Assistance¹ Singapore: +65-6338-9277 Sydney: +61-2-9273-2760</div>

1. For toll-free contact information, visit www.tricare-overseas.com. Only call Medical Assistance numbers to coordinate overseas emergency care.

An Important Note about TRICARE Program Information
At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military treatment facility guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

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