

TRICARE Behavioral Health Care Services



Refer to your *TRICARE Provider Handbook* for more information on completing medical records documentation. Beneficiaries (*except active duty service members*) may self-refer to a behavioral health care provider for the first eight sessions of routine care per fiscal year (*October 1–September 30*) without prior authorization.

Outpatient Behavioral Health Care Covered Services

Service	Coverage Details	Prior Authorization	Frequency Limitations	Associated Forms
Psychiatric Diagnostic Interview Examination	<ul style="list-style-type: none"> Covered (<i>initial evaluation not counted as one of the eight self-referred, behavioral health care sessions</i>) 	<ul style="list-style-type: none"> Not required (<i>unless provider requests more than one per year</i>) 	<ul style="list-style-type: none"> One evaluation per provider, per beneficiary, per fiscal year (FY) 	<ul style="list-style-type: none"> <i>Preauthorization for Outpatient Treatment Request (for more than one session)</i>
Outpatient Psychotherapy (<i>physician referral and supervision required when seeing licensed or certified mental health counselors and pastoral counselors</i>)	<p>Covered sessions:</p> <ul style="list-style-type: none"> Psychotherapy (<i>individual up to 60 minutes; family, group, or conjoint 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 Always required for crisis intervention 	<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 	<ul style="list-style-type: none"> <i>Preauthorization for Outpatient Treatment Request</i>
Psychological and Neuropsychological Testing	<ul style="list-style-type: none"> Covered when medical necessity is established in writing Performed in conjunction with otherwise-covered psychotherapy 	<ul style="list-style-type: none"> Always required prior to testing, regardless of the setting 	<ul style="list-style-type: none"> Generally limited to six hours per FY 	<ul style="list-style-type: none"> <i>Preauthorization for Psychological Testing</i>
Medication Management (<i>rendered by a TRICARE-certified provider</i>)	<ul style="list-style-type: none"> Covered when provided as independent procedure or in conjunction with therapy 	<ul style="list-style-type: none"> Not required for up to two visits per month (<i>do not count as therapy sessions</i>) Required when provided in conjunction with therapy 	<ul style="list-style-type: none"> Up to two visits per month without prior authorization 	<ul style="list-style-type: none"> <i>Preauthorization for Outpatient Treatment Request (for more than two visits per month or when provided in conjunction with therapy)</i>
Electroconvulsive Therapy (ECT)	<ul style="list-style-type: none"> Only covered when medically necessary 	<ul style="list-style-type: none"> Required for all ECT components prior to delivery of service 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> <i>Preauthorization for Electroconvulsive Therapy (ECT)</i>

Inpatient Behavioral Health Care Covered Services

Service	Coverage Details	Prior Authorization	Frequency Limitations	Associated Forms
Acute Inpatient Care (<i>stay limits may be waived per medical necessity</i>)	<ul style="list-style-type: none"> Stabilizes a life-threatening or severely disabling behavioral health condition Psychiatric emergency admissions are required when, based on psychiatric evaluation, a patient is at immediate risk of serious harm to self/others and requires immediate, continuous skilled observation 	<ul style="list-style-type: none"> An authorization is required for all behavioral health admissions without exception TriWest must be notified within 24 hours of admission or the next business day, with a maximum time of 72 hours 	<ul style="list-style-type: none"> Patients age 19 and older: Up to 30 days per FY or in any single admission, based on ongoing medical necessity reviews Patients age 18 and younger: Up to 45 days per FY or in any single admission Substance use disorder detoxification/rehabilitation admissions count toward limits 	<ul style="list-style-type: none"> <i>Inpatient Emergency Admission—Mental Health</i>
Residential Treatment Center (RTC) (<i>must be a TRICARE facility certified by MAXIMUS</i>)	<ul style="list-style-type: none"> Covered for patients (<i>up to age 21</i>) requiring 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 prior to admission 	<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 	<ul style="list-style-type: none"> <i>Residential Treatment Center (RTC) Application</i>
Psychiatric Partial Hospitalization Program (PHP)¹ (<i>must be a TRICARE facility certified by MAXIMUS</i>)	<ul style="list-style-type: none"> Crisis 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 prior to admission 	<ul style="list-style-type: none"> Up to 60 days (<i>full- or half-day program</i>) per FY or in a single admission, based on ongoing medical necessity reviews Stay limits may be waived per medical necessity 	<ul style="list-style-type: none"> <i>Preauthorization for Partial Hospitalization</i>

1. Effective May 1, 2009, PHPs are reimbursed using the TRICARE hospital outpatient prospective payment system (OPPS).



TRICARE Behavioral Health Care Services

Substance Use Disorder Covered Services

Service	Coverage Details	Prior Authorization	Frequency Limitations	Associated Forms
Inpatient Detoxification	<ul style="list-style-type: none"> Covered when there is an immediate or potential safety risk due to withdrawal symptoms, medical complications, or co-occurring behavioral health diagnosis 	<ul style="list-style-type: none"> An authorization is required for all behavioral health admissions without exception TriWest must be notified within 24 hours of admission or the next business day, with a maximum time of 72 hours 	<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 	<ul style="list-style-type: none"> <i>Inpatient Emergency Admission—Detox</i>
Inpatient Rehabilitation	<ul style="list-style-type: none"> Follows the detoxification period Must be a TRICARE-certified facility 	<ul style="list-style-type: none"> Always required prior to admission 	<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 inpatient behavioral health care limit 	<ul style="list-style-type: none"> <i>Preauthorization for Inpatient Substance Abuse Rehabilitation</i>
Outpatient Care	<ul style="list-style-type: none"> Individual, group, and family therapy covered only within a substance use disorder rehabilitation facility (SUDRF) Must be a TRICARE-certified facility 	<ul style="list-style-type: none"> Always 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 	<ul style="list-style-type: none"> <i>Preauthorization for Outpatient Treatment Request</i>
Partial Hospitalization Program (PHP)	<ul style="list-style-type: none"> PHPs may be used alone or as a step-down from inpatient rehabilitation Must be a TRICARE-certified facility 	<ul style="list-style-type: none"> Always required 	<ul style="list-style-type: none"> PHP rehabilitation days count toward the 21-day rehabilitation limit (<i>may be combination of inpatient rehabilitation days and PHP</i>) Counts toward 60-day limit per FY 	<ul style="list-style-type: none"> <i>Preauthorization for Partial Hospitalization</i>

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 Biofeedback for psychosomatic conditions Counseling services such as nutritional counseling, stress management, marital therapy, and lifestyle modifications Custodial nursing care Diagnostic admissions Educational programs 	<ul style="list-style-type: none"> Environmental ecological treatments Experimental procedures Eye movement desensitization and reprocessing (EMDR) Guided imagery Intensive outpatient treatment program 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>) Services and supplies that are not medically or psychologically necessary for the diagnosis and treatment of a covered condition Services for V-code diagnoses 	<ul style="list-style-type: none"> 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>) Unproven drugs, devices, and medical treatments or procedures
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2. This list is not intended to be all-inclusive.

Who to Contact

Questions and Eligibility Verification—Customer Service	<ul style="list-style-type: none"> TriWest customer service representatives are available to answer non-clinical questions, verify beneficiary eligibility, address concerns, or accept requests for additional information. Call 1-888-TRIWEST (1-888-874-9378), Monday–Friday, between 8 a.m. and 5 p.m. (<i>all time zones</i>).
Prior Authorizations	<ul style="list-style-type: none"> Authorization forms for inpatient or outpatient services can be found at www.triwest.com/provider. Outpatient requests can also be submitted online at www.triwest.com/provider. Fax completed forms to 1-866-269-5892. Emergency inpatient admissions may also be called in to 1-888-TRIWEST (1-888-874-9378).
Behavioral Health Crisis Line	<ul style="list-style-type: none"> TriWest’s Crisis Line at 1-866-284-3743 offers assistance with psychiatric emergency cases 24 hours a day, seven days a week.