

Marriage Counseling, Family Therapy and TRICARE

TRICARE covers behavioral health care only for beneficiaries with a valid behavioral health diagnosis. Counseling services that are not medically necessary for treatment of a diagnosed medical condition (e.g., educational, stress management and lifestyle modification counseling) are not covered. Although marriage counseling and family therapy may seem similar, under TRICARE family therapy is covered, while marriage counseling is not.

Marriage Counseling

Marriage counseling does not indicate the presence of a valid diagnosis; therefore, it is **not** covered by TRICARE. However, you can inform your TRICARE beneficiaries about available resources that may help improve their relationships.

Military OneSource: Offers up to six cost-free, confidential counseling sessions to active duty military personnel, National Guard and Reserve members, and their family members. Beneficiaries can visit www.militaryonesource.com or call 1-800-342-9647 for details.

Military and Family Life Consultants: Provide service members and their families with face-to-face, non-medical counseling and education about daily life stressors related to deployment and reintegration. Beneficiaries can visit www.mhngs.com or call 1-800-646-5613 for details.

Online Behavioral Health Resource Center: TriWest Healthcare Alliance Corp. (TriWest) offers an online behavioral health resource center to TRICARE beneficiaries at www.triwest.com. The site is designed to help beneficiaries balance work, family and other aspects of life, as well as answer questions regarding behavioral health issues. Beneficiaries can access the resource center on TriWest's Web site at www.triwest.com.

You can also advise beneficiaries to check with their local military treatment facility to see if it offers marriage counseling, or to look into community-based services (e.g., social service agencies, community groups or church-based couples/family services).

Family Therapy

Family therapy is considered outpatient psychotherapy and is a TRICARE-covered benefit when it is determined to be medically or psychologically necessary for treatment of a valid diagnosed behavioral health disorder.

Family therapy may involve all or a portion of the family. The family generally includes the spouse of the patient with the behavioral health disorder and his or her children. In the case of a child patient, it includes the parents, step-parents, guardians and siblings. When it is determined appropriate, other family members residing in the same household can be included.

Outpatient therapy is limited to a maximum of two sessions per week in any combination of individual, family or collateral sessions. Beneficiaries can self-refer to a TRICARE network provider for the first eight outpatient family therapy visits per fiscal year (Oct. 1–Sept. 30). However, certain provider types always require a physician referral, even for the first eight visits (e.g., licensed professional counselors, licensed mental health counselors and pastoral counselors). All visits beyond the initial eight outpatient visits require prior authorization from TriWest.

TRICARE Prime beneficiaries must use network providers to avoid significant out-of-pocket costs.

Note: Except for services authorized under Military OneSource, ADSMs **must** have a referral from their PCM for all civilian behavioral health care services prior to the services being rendered by a TRICARE-authorized provider. ■



TriWest's Case Management Program

TriWest Healthcare Alliance Corp.'s (TriWest's) case management program takes a collaborative, integrated approach to managing the complex health care needs of an eligible TRICARE beneficiary. The program includes medical/surgical and behavioral health case management, as well as specialty programs, such as cancer clinical trials, the TRICARE Extended Care Health Option (ECHO) program, transplants and hospice.

Case management is a process designed to assess, plan, implement, coordinate, monitor and evaluate the options and services necessary to meet an individual's health care needs. Case managers work one-on-one with providers, using communication and available resources to promote quality, cost-effective outcomes. TriWest case managers act as beneficiary advocates, working with multidisciplinary teams and using clinical skills and knowledge to help ensure that the best possible care is provided.

Beneficiaries who have complex, catastrophic health care needs may benefit from the case management program. The beneficiary, a family member or a provider can make referrals to case management by contacting TriWest. A military treatment facility (MTF) or a member of TriWest's staff can also refer beneficiaries to case management.

A beneficiary's case manager may provide multiple services, including:

- Identifying and facilitating needed services and equipment, and promoting the beneficiary's self-care in collaboration with the primary care manager and in conjunction with the MTF and Veterans Affairs resources
- Assisting the provider with referrals and authorizations, and locating specialty providers
- Educating the beneficiary on TRICARE benefits
- Identifying community resources
- Educating the beneficiary on his or her disease and promoting lifestyle changes that can positively impact the management of the disease (e.g., compliance with the recommended treatment plan, adherence to a medication regimen and keeping scheduled physician appointments)
- Providing a point of contact to assist with problem solving, acting as a beneficiary advocate and assisting in communicating with caregivers on behalf of the beneficiary

The following are examples of conditions or circumstances for case management:

- Acute HIV/AIDS
- Admissions to a neonatal intensive care unit
- Behavioral health admissions of children age 12 years and younger

- Burns (third degree or extensive second degree)
- Candidate for Phase II/III National Cancer Institute cancer clinical trials
- Cardiovascular conditions
- Expected multiple birth
- Head trauma
- History of intensive care for an infant
- Hospice care
- Life-threatening suicide attempt
- Neoplasms and malignancy
- Neurological conditions involving intensive care or unconsciousness for more than 48 hours
- Obstetrical conditions that require hospitalization prior to delivery
- Psychiatric residential treatment center admissions for adolescents
- Respiratory dependency conditions
- Severely injured active duty service member
- Spinal cord injuries
- Transplants (organs, bone marrow or stem cell)
- TRICARE ECHO registration
- Two inpatient behavioral health admissions within 90 days

For more program and referral information, visit the "Forms" section of www.triwest.com/provider and select the *Case Management Referral Form* under Clinical Programs. ■

TRICARE Provider Seminars Continue

TriWest Healthcare Alliance Corp. (TriWest) continues its series of provider educational seminars* in the 21-state TRICARE West Region through mid-June. The seminars provide you and your staff with the latest information on TRICARE.

New reference tools will be provided and the 2008 *TRICARE Provider Handbook* and *Quick Reference Charts* will be supplied to each attendee. Seminars are scheduled for both medical/surgical and behavioral health care providers.

By registering online at www.triwest.com/provider, you will receive e-mail confirmation of your registration, e-mail reminders prior to the seminar and eligibility to participate in a drawing for a small prize at the seminar.

Go to www.triwest.com/provider and visit the "Stay Updated" section to find the dates, times and locations of seminars near you. If you need further assistance with registering for a seminar, e-mail pseminar@triwest.com. ■

* The seminars will run approximately 2.5 hours; however, the end time may vary based on level of audience participation.

Treating Out-of-Area TRICARE Beneficiaries

There may be times when a TRICARE beneficiary from a different TRICARE region will come to you for treatment or when you may have to advise one of your own TRICARE beneficiaries about how to access care while traveling. TRICARE offers several program options with varying requirements for out-of-area care, and it is important to be aware of the requirements for each option.

Emergency Care

For emergency care, TRICARE beneficiaries should go directly to the nearest emergency room or call 911 for assistance. A referral or authorization is **not** required.

If a hospital admission occurs, a TRICARE Prime, TRICARE Prime Remote (TPR) or TRICARE Prime Remote for Active Duty Family Members (TPRADFM) beneficiary should contact his or her primary care manager (PCM) or regional contractor within 24 hours or the next business day. If not admitted, the beneficiary must still coordinate any follow-up care with his or her PCM. TPR active duty service members (ADSMs) and TPRADFM beneficiaries without PCMs should contact their regional contractor to coordinate follow-up care. TRICARE Standard beneficiaries should also follow up with their primary care physician or family doctor.

Urgent Care

If the need for urgent care arises (e.g., a sprain or sore throat), a TRICARE Prime, TPR or TPRADFM beneficiary **must** obtain a referral from his or her military treatment facility (MTF), PCM or regional contractor before visiting a civilian provider. Without a referral, urgent care is covered under the TRICARE point of service (POS) option (except for ADSMs), resulting in higher out-of-pocket costs for beneficiaries. TPRADFM beneficiaries must **always** obtain an authorization from the regional contractor before seeking urgent care from non-network providers.

Note: The POS option does not apply to TRICARE Prime or TPRADFM beneficiaries if they have other health insurance that provides primary coverage. TRICARE Standard beneficiaries do **not** require a referral for urgent care. Authorization is **not** required for overseas-enrolled active duty family members seeking care in the United States, except for nonemergency inpatient behavioral health care.

Claims

Regardless of the type of care provided, out-of-area TRICARE beneficiaries other than ADSMs must pay applicable copayments and cost-shares. You should submit all reports and claims information to the region where the beneficiary is enrolled, or where the beneficiary resides if not enrolled, **not** the region where care was received. If you have any questions about submitting claims for out-of-area TRICARE beneficiaries, contact the appropriate TRICARE regional contractor listed below.

North Region—Health Net Federal Services, LLC, 1-877-TRICARE (1-877-874-2273). Includes Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin and portions of Iowa (Rock Island Arsenal area), Missouri (St. Louis area) and Tennessee (Fort Campbell area).

South Region—Humana Military Healthcare Services, Inc., 1-800-444-5445. Includes Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Fort Campbell area) and Texas (excluding the El Paso area).

West Region—TriWest Healthcare Alliance Corp., 1-888-TRIWEST (1-888-874-9378). Includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding the Rock Island Arsenal area), Kansas, Minnesota, Missouri (excluding the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner only, including El Paso), Utah, Washington and Wyoming.

Overseas—Wisconsin Physicians Service. Processes all claims for beneficiaries residing in any of these TRICARE overseas areas—TRICARE Europe, TRICARE Latin America and Canada, TRICARE Pacific or Puerto Rico (except ADSMs) and the U.S. Virgin Islands. Refer to Chapter 8 of the *TRICARE Provider Handbook* for the appropriate number to call based on beneficiary overseas residence.

For more information on treating out-of-area TRICARE beneficiaries, see Chapters 7 and 8 of the *TRICARE Provider Handbook*, or visit TriWest Healthcare Alliance Corp.'s Web site at www.triwest.com/provider. ■

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CONTACTS

TriWest Customer Service
1-888-TRIWEST
www.triwest.com

TRICARE Alaska Office
1-907-743-1800

Wisconsin Physicians Service
(Electronic claims set up)
1-800-782-2680
www.wpsic.com

Express Scripts, Inc. (ESI)
(Pharmacy inquiries)
1-866-DoD-TRRX
1-866-DoD-TMOP
www.express-scripts.com/TRICARE



Consult Reports Help Providers and Beneficiaries

Consultation and treatment reports help facilitate continuity of care for TRICARE beneficiaries. A complete medical record is also necessary for the military to assess “combat readiness” and “fitness for duty” of troops. To help the service branches, both civilian and military treatment facility (MTF) referring providers need timely feedback to properly manage patient care, including care for active duty service members (ADSMs), retirees and family members.

TriWest Healthcare Alliance Corp. (TriWest) would like to stress the importance of submitting consult reports as quickly as possible for ADSMs, as they may be unable to deploy until the reports are submitted. TriWest has created a consult report tracking system to assist the MTF with receiving and tracking the reports.

For your convenience, TriWest provides a fax cover sheet on the last page of the referral/authorization approval letter that is pre-populated with the referring provider’s fax number. Using the cover sheet will streamline the return of your consult reports to the referring provider.

It is also important to fax only one consult report at a time. Submitting several reports within the same fax can cause delays in the return of your consult reports to the referring provider. When multiple reports are sent at the same time, TriWest must manually separate and re-fax the reports to create separate electronic files.

Please submit your consult report within 10 days after the patient’s initial appointment. This will eliminate follow-up phone calls, letters and e-mails from TriWest seeking your report. For urgent care, submit the preliminary report within 24 hours.

Timely submission of consult reports benefits providers and TRICARE beneficiaries in the following ways:

- Improves the patient’s quality of care and continuity of care
- Assesses the ADSM’s combat readiness and fitness-for-duty status
- Ensures all reports are received and routed to the referring provider for all beneficiaries (ADSMs, retirees and family members)
- Archives reports electronically
- Provides referring provider access to archived reports, decreasing duplicate report requests from the servicing provider

For more information about consult report tracking, refer to the *TRICARE Provider Handbook*, which is available at www.triwest.com/provider. You also can call TriWest at 1-888-TRIWEST (1-888-874-9378) with any questions. ■