



TRICARE® Behavioral Health Care Services

April 2014

The Primary Care Manager (PCM) is responsible for the coordination of all care for TRICARE Prime beneficiaries. Providers rendering behavioral health and/or substance use disorder care must submit a consult report to the PCM within seven to 10 working days. Emergency consult feedback is requested within 24 hours.

OUTPATIENT BEHAVIORAL HEALTH CARE COVERED SERVICES

| SERVICE | COVERAGE DETAILS | PRIOR AUTHORIZATION ¹ | FREQUENCY LIMITATIONS |
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| Psychiatric Diagnostic Interview Examination | <ul style="list-style-type: none"> Initial evaluation counts toward the initial eight outpatient visits each Fiscal Year (FY). Active Duty Service Members (ADSMs) require referrals. | <ul style="list-style-type: none"> Not required (unless more than one session requested within same FY [October 1 to September 30]). | <ul style="list-style-type: none"> One per beneficiary, per FY |
| Outpatient Psychotherapy (Physician referral and ongoing communication required when seeing licensed or certified mental health and pastoral counselors and similar nonindependent providers.) | <p>Covered sessions include:</p> <ul style="list-style-type: none"> Psychotherapy (individual up to 60 minutes, family or conjoint up to 90 minutes, group up to 90 minutes) Crisis intervention (individual up to 120 minutes, family or conjoint up to 180 minutes) Collateral visits Psychoanalysis | <ul style="list-style-type: none"> Required after initial eight visits per beneficiary, per FY. ADSMs must have a referral or authorization before receiving any care outside of a Military Treatment Facility (MTF). Required for psychoanalysis. | <ul style="list-style-type: none"> A provider cannot bill for more than two sessions per calendar week without prior authorization from ValueOptions. Multiple sessions of the same type cannot be billed on the same day. |
| Psychological and Neuropsychological Testing | <ul style="list-style-type: none"> Covered when medical necessity exists and performed in conjunction with otherwise-covered psychotherapy. | <ul style="list-style-type: none"> Required after the first six sessions per FY. | <ul style="list-style-type: none"> Psychological testing is generally limited to six hours per FY, but ValueOptions may approve more hours on a case-by-case basis. |
| Medication Management | <ul style="list-style-type: none"> Covered when provided as an independent procedure and rendered by a provider who is authorized to prescribe the medication. | <ul style="list-style-type: none"> Requires prior authorization from ValueOptions. ADSMs must have a referral or authorization before receiving any care outside of a Military Treatment Facility (MTF). | <ul style="list-style-type: none"> A provider cannot bill for more than two sessions per calendar week without prior authorization from ValueOptions. |

1. Submitting an authorization request online at 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 ¹ | FREQUENCY LIMITATIONS |
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| Acute Inpatient Psychiatric Care | <ul style="list-style-type: none"> For stabilization of 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"> Required for all behavioral health admissions. ValueOptions must be notified within 24 hours of admission and no more than 72 hours after admission. | <ul style="list-style-type: none"> Patients age 19 and older: 30 days per FY or in any single admission Patients age 18 and under: 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. ValueOptions may approve additional days, as appropriate, based on medical necessity |
| Residential Treatment Center (RTC) (must be TRICARE-authorized by KePRO, Inc.) | <ul style="list-style-type: none"> Covered for children and adolescents (up to age 21) with psychological disorders who require continued treatment in a therapeutic environment. | <ul style="list-style-type: none"> Required | <ul style="list-style-type: none"> Up to 150 days per FY or for a single admission ValueOptions may approve additional days, as appropriate, based on medical necessity. |
| Partial Hospitalization Program (PHP) (must be TRICARE-authorized by KePRO, Inc.) | <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 Appropriate for crisis stabilization | <ul style="list-style-type: none"> Requires referral and prior authorization from ValueOptions. | <ul style="list-style-type: none"> Up to 60 treatment days (full- or half-day program) per FY or for any single admission Does not count toward 30- or 45-day behavioral health care inpatient limit. |



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SUBSTANCE USE DISORDER COVERED SERVICES

| SERVICE | COVERAGE DETAILS | PRIOR AUTHORIZATION ¹ | FREQUENCY LIMITATIONS |
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| Inpatient Detoxification | <ul style="list-style-type: none"> Covered when medically necessary for active medical treatment of acute phases of substance use withdrawal (detoxification) when the patient's condition requires the personnel and facilities of a hospital. | <ul style="list-style-type: none"> Required for all inpatient detoxification admissions without exception. Notify ValueOptions within 24 hours of emergency admission and no more than 72 hours after admission. | <ul style="list-style-type: none"> Up to seven days per episode in a TRICARE-authorized facility Counts toward 30- or 45- day inpatient behavioral health care limit Does not count toward 21-day rehabilitation limit |
| Inpatient Rehabilitation | <ul style="list-style-type: none"> Follows the detoxification period. Care must occur in an inpatient or PHP setting. (See PHP requirements below.) | <ul style="list-style-type: none"> Required | <ul style="list-style-type: none"> Up to 21 days of rehabilitation per year, per benefit period¹ Up to three benefit treatment episodes per lifetime Counts toward 30- or 45-day inpatient behavioral health care limit |
| Outpatient Care | <ul style="list-style-type: none"> Outpatient care must be provided by an approved Substance Use Disorder Rehabilitation Facility (SUDRF). | <ul style="list-style-type: none"> Required | <ul style="list-style-type: none"> 60 individual or group therapy visits per benefit period¹ 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 (freestanding or hospital-based). | <ul style="list-style-type: none"> Required | <ul style="list-style-type: none"> Up to 21 treatment days (full- or half-day program) 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.

NONCOVERED BEHAVIORAL HEALTH CARE SERVICES²

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| <ul style="list-style-type: none"> Aversion therapy (including electric shock and the use of chemicals for alcoholism, except for Antabuse® [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 not medically necessary in the treatment of a diagnosed medical condition (e.g., educational counseling, vocational counseling, nutritional counseling, stress management, marital therapy or lifestyle modifications) | <ul style="list-style-type: none"> Custodial nursing care Diagnostic admissions Educational programs Experimental procedures Marathon therapy Megavitamin or orthomolecular therapy Psychosurgery (Surgery for the relief of movement disorders, electroshock treatments and surgery to interrupt the transmission of pain along sensory pathways are not considered psychosurgery.) Services and supplies not medically or psychologically necessary for the diagnosis and treatment of a covered condition | <ul style="list-style-type: none"> Services for V-code or Z-code diagnoses Sexual dysfunction therapy Surgery performed primarily for psychological reasons (e.g., psychogenic) Therapy for developmental disorders, such as dyslexia, developmental mathematics disorders, developmental language disorders and developmental articulation disorders Unproven drugs, devices and medical treatments or procedures |
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2. This list is not all-inclusive.

FOR INFORMATION AND ASSISTANCE

ValueOptions provider relations representatives are available to answer nonclinical questions, address concerns or accept requests for additional information at ProvHelpTricare@jax.valueoptions.com or 1-800-700-8646. Submit requests for behavioral health care services at Humana-Military.com or fax to 1-866-811-4422 if no Web access is available.

Humana-Military.com

The information contained in these charts is not all-inclusive.