



TRICARE® Mental Health Care Services

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

TRICARE mental health care services are available for you and your family during times of stress, depression, grief, anxiety and mental health crisis. This fact sheet provides information to help you get the care you need. Visit www.tricare.mil/mentalhealth or contact your regional contractor for more information.

COVERED OUTPATIENT SERVICES

Referrals and prior authorizations may be required for certain outpatient services. Active duty service members (ADSMs) should always seek nonemergency mental health care at military hospitals or clinics when available. If services are not available, ADSMs must get referrals and prior authorizations from their primary care manager before getting civilian care. All other TRICARE beneficiaries (non-ADSMs) do not need referrals or prior authorizations for the first eight outpatient mental health care visits per fiscal year (FY) (Oct. 1–Sept. 30) for a covered benefit, such as psychotherapy, to a network provider. Prior authorization from your regional contractor is required beginning with the ninth outpatient mental health care visit per FY. 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.

Physician referral and supervision may be required when seeing mental health counselors and is always required when seeing pastoral counselors.

Note: Overseas, additional limitations on mental health care services may apply.

Psychotherapy

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

- **Individual psychotherapy:** Therapy may be used when medically necessary for adults and children to ease emotional issues that impact the ability to function, to reverse or change troubling behavior and to assist with coping in times of personal crisis. 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 a primary mental disorder diagnosis that coexists with alcohol or other substance use 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:** Collateral visits are not therapy sessions. 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. You have the option of combining collateral visits with other individual or group psychotherapy visits.

Note: Marriage counseling is not a TRICARE-covered benefit.

Psychoanalysis

Psychoanalysis is long-term mental health therapy that explores unconscious thoughts to gain insights into behaviors and symptoms. Treatment must be given by approved providers who are specifically trained in psychoanalysis and always requires prior authorization.

Psychological Testing and Assessment

Testing and assessment are covered when medically or psychologically necessary and provided in conjunction with otherwise covered psychotherapy or as a required part of the assessment and reassessment process for applied behavior analysis under the Comprehensive Autism Care Demonstration. For more information about testing and assessment related to autism care services, visit www.tricare.mil/autism.

Psychological tests are considered diagnostic services and are not counted toward the limit of two psychotherapy visits per week.

Limitations:

Testing and assessment are generally limited to six hours per FY. Any testing beyond six hours requires a review for medical necessity. Psychological testing must be medically necessary and not for educational purposes.

Exclusions:

Psychological testing is not covered for the following circumstances:

- Academic placement
- Job placement
- Child custody disputes
- General screening in the absence of specific symptoms
- Teacher or parental referrals
- Testing to determine whether a beneficiary has a learning disorder or learning disability
- Testing related to diagnosed specific learning disorders or learning disabilities

Medication Management

If you take prescription medications for a mental health disorder, 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. Medication management appointments are medical appointments and do not count toward the first eight outpatient mental health care visits per FY, unless your prescribing provider also provides psychotherapy during the same visit. Always ask your prescribing provider what services are being provided.

Telemental Health Program

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

COVERED INPATIENT SERVICES

Availability, care access and referral and prior 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 mental 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 on 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.

ADSMs who get care at military hospitals or clinics do not require prior authorization.

Note: Overseas, additional limitations on mental health care services may apply.

Acute Inpatient Psychiatric Care

A patient may be referred to acute inpatient psychiatric care if the health care provider believes the patient has a mental health disorder that threatens the patient's physical well-being or the well-being of others, to the extent that medical and psychiatric care is needed on a 24-hour-a-day basis for safety and stabilization. Acute inpatient psychiatric care may be covered on an emergency or nonemergency basis. Prior authorization from your regional contractor is always required for nonemergency inpatient admissions. In emergency situations, authorization is required for continued stay.

Psychiatric Partial Hospitalization Program

A psychiatric partial hospitalization program (PHP) is recommended when a mental health provider believes it is necessary to stabilize a critical mental health disorder that does not require 24-hour-a-day care in an inpatient psychiatric setting, or to transition from an inpatient program to an outpatient program.

PHPs provide an interdisciplinary program of therapeutic services at least three hours a day, five days a week, in any combination of day, evening, night and weekend treatment programs. The following rules apply:

- Prior authorization from your regional contractor is required.
- PHP admissions are not considered emergencies.

- Facilities must be TRICARE-authorized.
- PHPs must agree to participate in TRICARE.

Limitations:

PHP care is limited to 60 treatment days (whether full- or partial-day treatment) per FY.

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

Psychiatric Residential Treatment Center Care

Residential treatment centers (RTCs) provide extended care for children and adolescents who have mental health disorders (other than substance use disorders) requiring treatment in a therapeutic environment 24/7. Residential treatment may be required for children and adolescents who are stable 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.

RTC care always requires a referral and prior authorization, because RTC placement is never a psychiatric emergency. Psychiatric inpatient hospitalization should be sought in a psychiatric emergency. RTC placement sometimes occurs after an inpatient psychiatric hospitalization as a step-down level of care. RTC placement can also be a step-up level of care when a beneficiary can no longer function at home and in the community. The following rules apply:

- Facilities must be TRICARE-authorized.
- Unless therapeutically contraindicated, the family and/or guardian should actively participate in the continuing care of the patient through either direct involvement at the facility or geographically distant family therapy.
- Prior authorization from your regional contractor is required.
- RTC care is considered elective and is not considered an emergency.
- Admission primarily for substance use rehabilitation is not authorized for psychiatric RTC care.

- In an emergency, psychiatric inpatient hospitalization must be sought first because the patient must be stable enough to benefit from psychiatric RTC care.
- Care must be recommended and directed by a psychiatrist or clinical psychologist.

Note: RTC care is only covered for beneficiaries until reaching age 21.

SUBSTANCE USE DISORDERS

Substance use disorders include alcohol or drug abuse or dependence. Services are only covered when provided 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. Outpatient services must be provided by the TRICARE-authorized SUDRF. Treatment limits apply.

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 disorder requires the personnel and facilities of a hospital or SUDRF.

Limitations:

- Diagnosis-related group (DRG) exempt facility (a free-standing SUDRF); seven-day limit per detoxification episode.
- DRG exempt facility detoxification does not count toward the three lifetime episodes of care limit.

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

Rehabilitation

Rehabilitation of a substance use disorder may occur in a SUDRF inpatient or partial hospitalization setting. TRICARE covers 21 days of rehabilitation per benefit period in a TRICARE-authorized facility (SUDRF), whether in an inpatient or partial hospitalization facility or a combination of both.

Limitations:

- 21-day rehabilitation limit per episode
- Three episodes per lifetime

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

Outpatient Substance Use Disorder Rehabilitation Facility Care

Outpatient substance use care must be provided by an approved SUDRF.

Limitations:

- **Individual or group therapy:** 60 visits per benefit period
- **Family therapy:** 15 visits per benefit period
- **Partial hospitalization care:** 21 treatment days per FY

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

SUICIDE PREVENTION

TRICARE urges beneficiaries to seek help during times of difficulty. TRICARE offers mental health care services for beneficiaries coping with mental health issues, including those who have thoughts of suicide. If you or a loved one has suicidal thoughts, call the National Suicide Prevention Lifeline at **1-800-273-TALK (1-800-273-8255)**. To read about the warning signs and steps you can take to help prevent suicide, visit www.tricare.mil/mentalhealth and click on the "Programs and Resources" tab to find links to Department of Defense and other resources for mental health care and

suicide prevention. There are also numerous anonymous counseling services and related resources available to service members and their families who do not wish to be identified. Visit www.militaryonesource.mil for resources and additional information.

EXCLUSIONS

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

- Aversion therapy
- Mental 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
- Custodial 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 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

TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight or safety. 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 area 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 get a continued-stay authorization from their military hospital or clinic primary care managers (PCMs), Defense Health Agency—Great Lakes 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 mental health care provider, if necessary.

ADSMs should always seek nonemergency mental health care at military hospitals or clinics first. ADSMs must always get referrals and prior authorizations before getting civilian care for nonemergency services.

All other TRICARE Prime beneficiaries should seek care from TRICARE network providers. If you seek nonemergency care from a TRICARE-authorized non-network provider without a referral from your PCM, your care will be covered under the point-of-service (POS) option at higher out-of-pocket costs.*

TRICARE Standard and TRICARE Extra beneficiaries may see any TRICARE-authorized provider, but will minimize out-of-pocket costs by visiting network providers (under TRICARE Extra).

Note: TRICARE Extra is not available overseas.

Non-ADSMs do not need referrals or prior authorizations for the first eight outpatient mental health care visits per FY to a network provider, such as psychotherapy, for a medically diagnosed and covered condition. However, a physician referral and supervision is always required to see pastoral counselors and may be required to see mental health counselors. Contact your regional contractor to find out if a mental health counselor requires physician referral and supervision before getting services. You must get prior authorization from your regional contractor beginning with the ninth outpatient mental health care visit per FY.

Nonemergency inpatient admissions, PHPs, RTCs and certain other services always require prior authorization. Contact your regional contractor for prior authorization requirements. For a list of TRICARE-authorized network and non-network providers, visit www.tricare.mil/findaprovider. To coordinate referrals and prior authorizations overseas, TOP Prime beneficiaries should contact their PCMs or military hospitals or clinics. TOP Prime Remote beneficiaries should contact their TOP Regional Call Centers.

* *The POS option does not apply to ADSMs, newborns or newly adopted children in the first 60 days after birth or adoption, emergency care, clinical preventive care from a network provider, beneficiaries with other health insurance or the first eight outpatient mental health visits per FY to a network provider for a medically diagnosed and covered condition. Certain types of mental health care are excluded and always require a referral or prior authorization.*

COSTS

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

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

LOOKING FOR **More Information?**

GO TO **www.tricare.mil/contactus**

N

TRICARE North Region

Health Net Federal Services, LLC
 1-877-TRICARE (1-877-874-2273)
www.hnfs.com

S

TRICARE South Region

Humana Military
 1-800-444-5445
HumanaMilitary.com
 Mental Health Care
 1-800-700-8646

W

TRICARE West Region

UnitedHealthcare
 Military & Veterans
 1-877-988-WEST (1-877-988-9378)
www.uhcilitarywest.com

O

TRICARE Overseas Program (TOP)

International SOS
 Government Services, Inc.
www.tricare-overseas.com

For toll-free contact information,
 visit this website.

TOP Regional Call Centers

Eurasia-Africa
 +44-20-8762-8384 (overseas)
 1-877-678-1207 (stateside)
tricarelon@internationalsos.com

Medical Assistance
 +44-20-8762-8133

Latin America and Canada
 +1-215-942-8393 (overseas)
 1-877-451-8659 (stateside)
tricarephl@internationalsos.com

Medical Assistance
 +1-215-942-8320

Pacific (Singapore)
 +65-6339-2676 (overseas)
 1-877-678-1208 (stateside)
sin.tricare@internationalsos.com

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 +65-6338-9277

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 +61-2-9273-2710 (overseas)
 1-877-678-1209 (stateside)
sydricare@internationalsos.com

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 +61-2-9273-2760

An Important Note About

TRICARE Program Information

*At the time of publication, 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 hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.*