



TRICARE® Mental Health and Substance Use Disorder Services

Learn about your mental health and substance use disorder coverage.

TRICARE mental health and substance use disorder services are available for you and your family during times of stress, depression, grief, anxiety, mental health crisis, and misuse or abuse of alcohol or drugs. This fact sheet provides an overview of mental health and SUD services that TRICARE covers. All TRICARE-eligible beneficiaries may access the mental health benefit. How you get care may depend on your beneficiary category and your health plan. Check with your regional contractor to see if you need a referral, pre-authorization, or both. For more information, visit www.tricare.mil/mentalhealth.

COVERED MENTAL HEALTH OUTPATIENT SERVICES

You may need a referral for certain office-based outpatient services. In most situations, pre-authorization isn't required for outpatient mental health or SUD treatment. Active duty service members should always seek nonemergency mental health care at a military hospital or clinic when available. If services aren't available, ADSMs must get referrals and pre-authorizations from their primary care manager before getting civilian care. Refer to the *Getting Care* section for more details.

Physician referral is always required when seeing pastoral counselors. Contact your regional contractor to check if a referral or pre-authorization is required for a specific service.

Note: Certain office-based outpatient mental health and SUD services may not be available overseas.

Psychotherapy

Psychotherapy is discussion-based mental health therapy. TRICARE covers office-based outpatient psychotherapy when medically or psychologically necessary to treat a mental health disorder. TRICARE covers outpatient psychotherapy for any combination of individual, family, group, or collateral sessions for a diagnoses and covered condition. Providers must be TRICARE-authorized. Beneficiaries who require multiple sessions on the same day may require a higher level of care. (Refer to the *Intensive Outpatient Program* and *Partial Hospitalization Program* sections for details.) TRICARE covers the following types of psychotherapy sessions:

- **Individual psychotherapy:** Therapy when medically or psychologically necessary for adults and children to treat a mental health disorder that affects their 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.
- **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. TRICARE covers sessions up to 90 minutes.

Note: TRICARE doesn't cover marriage counseling.

Psychoanalysis

Psychoanalysis is long-term mental health therapy that explores subconscious thoughts to gain insights into behaviors and symptoms. Patients must receive treatment by TRICARE-approved providers who are specifically trained in psychoanalysis. Psychoanalysis always requires pre-authorization.

Psychological Testing and Assessment

TRICARE covers testing and assessment when medically or psychologically necessary and when provided together with otherwise covered psychotherapy. TRICARE also covers psychological testing and assessment when it's a required part of the assessment and reassessment process for applied behavior analysis service under the Autism Care Demonstration. Learn more about testing and assessment related to autism care services at www.tricare.mil/autism.

Exclusions

Psychological testing must be medically or psychologically necessary and isn't 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 if a person has a learning disorder or learning disability
- Testing related to diagnosed specific learning disorders or learning disabilities

COVERED SUD OUTPATIENT SERVICES

Services are available to assist in the treatment of substance use disorders including alcohol, opioids and other illicit drugs and tobacco cessation.

Office-Based Substance Use Disorder Treatment

Office-based outpatient SUD treatment, also known as office-based outpatient opioid treatment, may be provided by TRICARE-authorized providers acting within the scope of their specific licensure or certification to prescribe outpatient supplies to assist with detoxification and/or maintenance.*

In overseas locations, see the host country's specific licensure or certification requirements for providers.

988 SUICIDE & CRISIS LIFELINE

If you or a loved one has suicidal thoughts, call the Veterans Crisis Line (also known as the National Suicide Prevention Lifeline) at 988 for immediate help.

You can find additional mental health and suicide prevention support and resources at www.tricare.mil/mentalhealth.

COVERED MENTAL HEALTH PROGRAMS

Intensive Outpatient Program

An intensive outpatient program is recommended when a mental health provider believes it's medically or psychologically necessary to provide an organized day or evening program that includes assessment, treatment, case management, and rehabilitation for individuals who don't require 24-hour mental health or substance use disorder care.† The program is regularly scheduled, individualized, and shares monitoring and support with the patient's family and support system. An IOP provides between six and nine or more hours of mental health services per week (minimum two hours per treatment day). Services are available during the day, evening, night, or weekend.

A referral or pre-authorization is required for IOP, and a referral is required for a TRICARE Prime beneficiary to see a non-network provider.

* The following rules apply: Providers must be TRICARE-authorized. Providers must possess the required host country credentials to prescribe outpatient supplies that assist in detoxification, maintenance, or both.

† The following rules apply: Facilities must be TRICARE-authorized. IOPs must agree to participate in TRICARE, which includes accepting the TRICARE reimbursement rate.

Partial Hospitalization Program

A partial hospitalization program is recommended when a mental health provider believes it's necessary to stabilize a critical mental health disorder that doesn't require 24-hour care in an inpatient psychiatric setting, or to transition from an inpatient program to an outpatient program.* Services may be provided during the day, evening, night, or weekend. A PHP provider can provide more than nine hours of mental health services per week. PHP care is generally only available in the U.S. and U.S. territories.

A referral or pre-authorization is required for PHP, and a referral is required for a TRICARE Prime beneficiary to see a non-network provider.

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. Always ask your provider what drugs they're prescribing.

COVERED MENTAL HEALTH INPATIENT SERVICES

Nonemergency inpatient mental health services require referral and pre-authorization. Psychiatric emergencies don't require pre-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. Admissions **must** be reported within 72 hours. The inpatient unit and regional contractor coordinate authorization for continued stay.

ADSMs who get care at military hospitals or clinics don't require pre-authorization. Refer to the *Getting Care* section for more details.

Note: Certain inpatient mental health and SUD services may not be available overseas.

Substance Use Disorders

Substance misuse refers to the harmful use of psychoactive substances. This includes alcohol, tobacco, and other drugs. TRICARE offers a number of resources for substance misuse.

TELEMEDICINE SERVICES

Under some conditions, you may receive mental health services through telemental health (see www.tricare.mil/CoveredServices/IsItCovered/TelementalHealth), which uses secure video conferencing or audio-only technology to connect patients and providers. Telemedicine visits have the same requirements for referrals and pre-authorizations as in-person services.

For more information about telemedicine, visit www.tricare.mil/coveredservices. You can also contact your regional contractor.

For more information, visit www.tricare.mil/Home/HealthWellness.

Medication Assisted Treatment

Medication assisted treatment combines drug and mental health therapies to treat a SUD. A TRICARE-authorized physician, physician assistant, or nurse practitioner may provide MAT services. Eligible providers must have a special certification from the Drug Enforcement Agency to prescribe buprenorphine (for example, Suboxone™).

MAT care is generally only available in the U.S. and U.S. territories. In overseas locations, see the host country's requirements for practicing overseas MAT providers.

TRICARE covers the settings listed below to provide MAT services:

Opioid Treatment Programs

A qualified mental health provider can recommend an opioid treatment program if they believe it's medically or psychologically necessary. An OTP provides a comprehensive, individually tailored program of medication therapy, integrated with psychosocial and medical treatment and support services.† Treatment in OTPs can include detoxification from opioids and medically supervised withdrawal from maintenance medications. OPT care is generally only available in the U.S. and U.S. territories.

Acute Inpatient Psychiatric Care

A health care provider can refer a patient to acute psychiatric care if the provider believes the patient has a mental health disorder that threatens the patient's physical well-being or the well-being of others. Acute care provides medical and psychiatric care on a 24-hour-a-day basis for safety and stabilization. TRICARE may cover acute inpatient psychiatric care on an emergency or nonemergency basis. You must have pre-authorization from your regional contractor for nonemergency inpatient admissions. In emergency situations, you must have pre-authorization for continued stay.

Psychiatric Residential Treatment Center Care

A psychiatric residential treatment center provides extended care for children and adolescents who have mental health disorders (SUD can't be the primary diagnosis) 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.

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

- Facilities must be TRICARE-authorized and must agree to participate in TRICARE, which includes accepting the TRICARE reimbursement rate.
- Unless therapeutically contraindicated, the family or guardian should actively participate in the continuing care of the patient through either direct involvement at the facility or geographically distant family therapy.
- Admission primarily for substance use rehabilitation isn't authorized for psychiatric RTC care.
- Care must be recommended and directed by a TRICARE-authorized independent provider.

Note: Psychiatric RTC care is only covered for beneficiaries younger than age 21.

A patient who's had a mental health inpatient stay must schedule a follow-up appointment with their provider within 7 days of discharge. The patient's regional contractor will call to confirm the patient's appointment and their attendance at the appointment. If a patient doesn't attend the scheduled follow-up appointment, the regional contractor will help the patient make another appointment.

INPATIENT SUBSTANCE USE DISORDER REHABILITATION FACILITY CARE

TRICARE only reimburses the cost of care if you visit a TRICARE-authorized institutional provider. A TRICARE-authorized institutional provider is defined as an authorized hospital or dedicated substance use disorder rehabilitation facility. This can be either a freestanding facility or located inside a hospital.

Inpatient Management of Withdrawal Symptoms (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. You need pre-authorization for nonemergency inpatient hospital or SUDRF services.

Substance Use Disorder Rehabilitation

You must have pre-authorization for inpatient SUDRF levels of care. Your TRICARE regional contractor may have additional authorization requirements.

EXCLUSIONS

TRICARE doesn't cover the following mental health services. This list **isn't** all-inclusive.

- Aversion therapy
- Mental health services and supplies related solely to obesity or weight reduction
- Biofeedback for psychosomatic conditions
- Counseling services that aren't 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 aren't 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

To learn about more exclusions, call your regional contractor.

GETTING CARE

Case Management

Case management is a process that helps individuals with mental health conditions and other behavioral health conditions that aims at helping patients and families navigate the complex health care systems. This can include connecting them to various resources in their community.

Care Coordination

Care coordination is a program that helps patients manage their health conditions by connecting them various programs and providers.

Behavioral health case management and care coordination are voluntary services that your regional contractor offer. The programs aim to reduce the risk of hospitalization. You can call your regional contractor to enroll, or a provider can put in a referral directly to your regional contractor.

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're located. You don't need a referral or pre-authorization 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 manager (PCM), Defense Health Agency—Great Lakes, or TRICARE Overseas Program Regional Call Center within 24–72 hours of admission.

If you aren't an ADSM and are admitted for emergency care, notify your PCM, regional contractor, or TOP Regional Call Center within 24–72 hours of admission. If an emergency care admission occurs while traveling overseas, you should contact your PCM or TOP Regional Call Center **before leaving the facility**, or within 24 hours or on the next business day.

To learn about more exclusions, call your regional contractor.

Nonemergency Care

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

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

All other TRICARE Prime beneficiaries should seek care from a military hospital or clinic or 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 option at higher out-of-pocket costs.*

TRICARE Select beneficiaries may see any TRICARE-authorized provider, but you'll minimize out-of-pocket costs by visiting TRICARE-authorized network providers.

Nonemergency inpatient admissions (including inpatient SUD treatment and RTCs) always require pre-authorization. Contact your regional contractor for pre-authorization requirements. For a list of TRICARE-authorized network and non-network providers, visit www.tricare.mil/findaprovider.

To coordinate referrals and pre-authorizations overseas, a TRICARE Prime Overseas beneficiary should contact their PCM or military hospital or clinic. TRICARE Prime Remote Overseas beneficiaries should contact their TOP Regional Call Center.

COSTS

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

For detailed costs and fees, visit www.tricare.mil/costs.

* The point-of-service option doesn't 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; or beneficiaries with other health insurance to a network provider for a medically diagnosed and covered condition.

LOOKING FOR More Information? GO TO www.tricare.mil



TRICARE East Region

Humana Military
800-444-5445
www.tricare-east.com



TRICARE West Region

TriWest Healthcare Alliance
888-TRIWEST (888-874-9378)
www.tricare.mil/west



TRICARE Overseas Program

International SOS
Government Services, Inc.
<https://tricare-overseas.com/contact-us>

For toll-free contact information, visit this website.

TOP Regional Call Centers

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An Important Note About TRICARE Program Information

At the time of publication, this information is current. It's 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.

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