



# MENTAL HEALTH COVERAGE AND REQUIREMENTS

Inpatient Service	Coverage	Prior Authorization and Referral Requirements
<p><b><u>Acute Psychiatric Hospitalization</u></b></p>	<ul style="list-style-type: none"> <li>· Acute psychiatric hospitalization for <a href="#">mental health</a> and <a href="#">substance use</a> disorders is covered if it is deemed medically or psychologically necessary and appropriate.</li> <li>· Emergency admissions are those requiring a hospital’s urgent services, including 24/7 nursing support, e.g. suicidal thinking, suicide attempts, self-harm, homicidal ideation, psychosis, high-risk detoxification, etc.</li> </ul>	<ul style="list-style-type: none"> <li>· Emergency psychiatric and substance detoxification admissions do not require prior authorization. Facilities should notify TriWest of the admission within 24 hours and no later than 72 hours after admission.</li> <li>· Prior authorization is required for all non-emergency admissions.</li> <li>· Initial authorizations are for 3 days from date of admission (or 3 days from notification for emergent admissions). Continued stays may be authorized for up to 7 days at a time. There is no length of stay limit as long as medically necessary.</li> </ul>
<p><b><u>Residential Treatment Center (RTC)</u></b></p>	<ul style="list-style-type: none"> <li>· Admissions are only covered for children and adolescents under 21.</li> <li>· The child or adolescent must have a diagnosable mental health disorder and patterns of disruptive behavior affecting family functioning or social relationships. Typically, they have had previous psychiatric admissions.</li> <li>· Unless therapeutically contraindicated, the family and/or guardian(s) must actively participate in the beneficiary’s care.</li> </ul>	<ul style="list-style-type: none"> <li>· Prior authorization is required for all RTC admissions.</li> <li>· Initial authorizations are for 3 days from date of admission. Continued stays may be authorized for up to 30 days at a time. There is no length of stay limit as long as medically necessary.</li> </ul>
<p><b><u>Substance Use Disorder Rehabilitation Facility</u></b></p>	<ul style="list-style-type: none"> <li>· Admissions are covered for all ages when medically necessary for SUD and Dual Diagnosis treatment.</li> <li>· SUDRF provides ASAM Level 3.5/3.7 care</li> <li>· SUDRF admissions may occur after inpatient detoxification.</li> </ul>	<ul style="list-style-type: none"> <li>· Emergency substance detoxification admissions (ASAM 3.7/4.0) do not require prior authorization. Facilities should notify TriWest of the admission within 24 hours and no later than 72 hours after admission.</li> <li>· Prior authorization is required for all non-emergency detoxification (ASAM 3.7) admissions and all rehabilitation (ASAM 3.5) admissions.</li> <li>· Initial authorizations are for 3 days from date of admission. Continued stays may be authorized for up to 30 days at a time. There is no length of stay limit as long as medically necessary.</li> </ul>

Per the TRICARE Policy Manual, Chapter 7, Section 3.2, Residential treatment is only a covered benefit for beneficiaries under the age of 21. Residential care for adults (including active duty), is not a covered benefit except for substance use disorder treatment when medically necessary. Admission to sub-acute inpatient specialty mental health programs may be approved on a week-to-week basis as non-emergency acute psychiatric hospitalization if medical necessity criteria are met.



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<p><b>Outpatient treatment for <u>Mental Health (MH)</u> and <u>Substance Use Disorders (SUDs)</u></b></p>	<ul style="list-style-type: none"> <li>• Outpatient psychotherapy and medication management are covered when medically or psychologically necessary. This includes any combination of individual, family, or group interventions. Couples therapy is not covered.</li> <li>• Additional services not covered include:               <ul style="list-style-type: none"> <li>• Those for DSM/ICD-9 V Codes and ICD-10 Z Codes</li> <li>• Treatment of Paraphilias</li> <li>• Sex therapy</li> <li>• Psychedelic medications (including ketamine)</li> <li>• Stellate Ganglion Blockade</li> <li>• Mental Health Medical devices</li> <li>• TMS for anything other than treatment-resistant depression</li> <li>• ECT/Esketamine for non-FDA-approved uses</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Most office-based outpatient mental health services (e.g., psychotherapy, medication management) do not need an authorization or a referral for network providers. Exceptions include Active-duty service members (ADSMs) and psychoanalysis.</li> <li>• ADSMs require PCM referrals for outpatient MH services and there must be a reason why they cannot be seen at a Military Medical Treatment Facility (MTF).</li> <li>• Psychoanalysis requires prior authorization.</li> </ul>
<p><b><u>Psychiatric Partial Hospitalization Program (PHPs)</u> and <u>Intensive Outpatient Programs (IOPs)</u> for MH and SUDs</b></p>	<ul style="list-style-type: none"> <li>• Medically or psychologically necessary PHPs and IOPs for MH and SUDs are covered and may include day, evening, night, and weekend treatment programs.</li> <li>• PHPs and IOPs provide a setting for crisis stabilization, treatment of partially stabilized mental health conditions or SUDs, or as a transition from an inpatient program.</li> <li>• PHPs (ASAM Level 2.5 for SUDs) are typically 20+ hours/week and the beneficiary attends full-time.</li> <li>• IOPs (ASAM Level 2.1 for SUDs) are typically 6-9 hours/week, often in the evening or on weekends, allowing the beneficiary to attend school or work.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior authorization is required for all beneficiaries.</li> <li>• PHP authorizations can be for up to 45 calendar days.</li> <li>• IOP authorizations can be for up to 120 calendar days.</li> <li>• Extensions of PHP and IOPs must meet initial medical or psychological necessary criteria for continuation.</li> </ul>



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<p><b><u>Opioid Treatment Program (OTP)</u></b></p>	<ul style="list-style-type: none"> <li>· OTP is covered for patients receiving care for Opioid Use Disorder when medically necessary.</li> <li>· Treatment can include management of withdrawal symptoms from opioids and medically supervised withdrawal from maintenance medications</li> </ul>	<ul style="list-style-type: none"> <li>· Prior authorization is required for all</li> </ul>
<p><b><u>Medication Assisted Treatment (MAT)</u></b></p>	<ul style="list-style-type: none"> <li>· MAT is covered for the treatment of SUDs from both institutional and individual professional providers when medically necessary.</li> <li>· MAT is a SUD treatment that employs evidence-based therapy and FDA approved medications for the management of withdrawal symptoms and maintenance.</li> </ul>	<ul style="list-style-type: none"> <li>· Prior authorization is required for office administered MAT for all beneficiaries.</li> </ul>
<p><b><u>Eating Disorder Treatment</u></b></p>	<ul style="list-style-type: none"> <li>· Eating Disorder diagnoses are reviewed and adjudicated as mental health conditions.</li> <li>· Eating Disorder treatment may be provided on an inpatient or outpatient basis, including treatment at Eating Disorder Programs when medically necessary.</li> </ul>	<ul style="list-style-type: none"> <li>· Prior authorization is required for all levels of care above office-based outpatient mental health services (e.g., psychotherapy, medication management), except for Active-duty service members (ADSMs).</li> <li>· ADSMs require PCM referrals for outpatient MH services and there must be a reason why they cannot be seen at a Military MTF.</li> </ul>
<p><b><u>Psychological Testing</u></b></p>	<ul style="list-style-type: none"> <li>· Psychological testing is covered when medically necessary and when provided in conjunction with otherwise covered psychotherapy, or as required under the Autism Care Demonstration (ACD) program.</li> <li>· Some uses of psychological testing are not covered. See the Tricare Procedural Manual (TPM) <a href="#">Chapter 7, Section 3.9, Paragraph 4.0</a> for specific exclusions.</li> </ul>	<ul style="list-style-type: none"> <li>· Prior authorization is required for all beneficiaries before undergoing testing unless it is performed during a psychiatric hospitalization when agreed upon by a multi-disciplinary team.</li> </ul>



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<p><b><u>Transcranial Magnetic Stimulation (TMS)</u></b></p>	<ul style="list-style-type: none"> <li>• TRICARE covers rTMS and Deep TMS. MeRT and SAINT are considered emerging treatments and are not covered by TRICARE.</li> <li>• TRICARE requires that TMS be performed by a qualified TRICARE Authorized Mental Health Provider (Psychiatrist, Psychiatric NP, etc).</li> <li>• TMS is only covered for treatment-resistant depression. The beneficiary must:               <ul style="list-style-type: none"> <li>• Be at least 18 years old or meet the state-specific age requirement if higher than age 18</li> <li>• Have failed to respond to two adequate trials of antidepressants in different categories, e.g. SSRI, SNRI, NDRI, etc.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Prior authorization is required for all beneficiaries.</li> </ul>
<p><b><u>Electroconvulsive Therapy (ECT)</u></b></p>	<ul style="list-style-type: none"> <li>• ECT is a covered benefit for approved conditions. The beneficiary must be:               <ul style="list-style-type: none"> <li>• At least 13 years old, or meet the state-specific age requirement if higher than age 13</li> <li>• Currently experiencing at least one of the following:                   <ul style="list-style-type: none"> <li>• Treatment-Resistant Depression</li> <li>• Mania</li> <li>• Psychosis</li> <li>• Non-Autism Catatonia</li> <li>• Any other psychiatric conditions limiting adequate nutrition and hydration</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Prior authorization is required for all beneficiaries.</li> </ul>
<p><b><u>Esketamine (Spravato®) Nasal Spray</u></b></p>	<ul style="list-style-type: none"> <li>• Spravato® (esketamine) nasal spray is a covered benefit for Treatment-Resistant Depression and Major Depressive Disorder with suicidal ideation or behavior. The beneficiary must be:               <ul style="list-style-type: none"> <li>• At least 18 years old</li> <li>• Treated by a provider enrolled in the FDA's Spravato™ Risk Evaluation and Mitigation Strategy (REMS) program.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Prior authorization is required for all beneficiaries.</li> </ul>



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<a href="#">Telehealth Services</a>	<ul style="list-style-type: none"> <li>Many network providers offer MH services via Telehealth. TRICARE has also partnered with specific telehealth companies. Visit <a href="https://tricare.mil">Tricare.mil</a> for an updated list and additional information.</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient tele-mental health services (psychotherapy, medication management) do not need authorization or a referral for network providers (except for ADSMs and psychoanalysis).</li> <li>Virtual IOPs require prior authorization for all beneficiaries.</li> </ul>

## Exclusions

TRICARE covers services that are medically necessary and considered proven. There are a number of Mental Health exclusions in the TRICARE program. Below is a list of commonly requested excluded items. Additional benefit exclusions may be found [on the Tricare Exclusions website](#), in [Tricare Policy Manual Chapter 1, Section 1.2](#), and in [Tricare Policy Manual Chapter 7, Section 3.7](#).

- Conditions Not Attributable to a Mental Disorder (ICD-9 V Codes or ICD-10 Z Codes)
- Aversion Therapy
- Mental health care services and supplies related solely to obesity or weight reduction
- Counseling Services (including nutritional counseling, stress management, marital therapy, and lifestyle modifications)
- Treatment of sexual dysfunctions, paraphilias, and paraphilic disorders
- Applied Behavioral Analysis (ABA) Therapy outside of the Autism Care Demonstration
- Stellate Ganglion Blockade for the treatment of post-traumatic stress disorder
- Transcranial Magnetic Stimulation (TMS) for conditions other than depression
- Telephone counseling (except for geographically distant family therapy related to RTC care)
- Psychological testing for learning disorders, child custody, or academic/occupational placement
- Therapy for developmental disorders (including dyslexia, developmental mathematics disorders, developmental language disorders, and developmental articulation disorders)
- Off-label use of Ketamine (subcutaneous, sublingual, IV, injectable, nasal spray, or oral)
- Prescription digital therapeutics/somatic devices

## Prior Authorization and Referral Reminders

Prior authorization and referral requirements are subject to change. TriWest offers a Referral and Authorization Decision Support Tool. Access and instructions for this can be found here (<https://tricare.triwest.com/globalassets/tricare/provider/tricare-west-region-referrals-and-authorizations-user-guide.pdf>). If a prior authorization or referral is required, TriWest will confirm whether the military hospital or clinic offers the specialty service being requested and determine its ability to accept the patient before care is referred to the civilian network. You can also confirm patient eligibility, submit prior authorization and referral requests, and check their status online. For the latest information, go to <https://tricare.mil/west> and check out the tabs on the left-hand side of the page.



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## Continued Stay Requests

Servicing Facilities should submit continued stay requests through the provider portal ([see instructions here](#)). If unable to access the portal, requests with accompanying clinical information can be faxed to 866-852-1885. If there are questions related to continued stay requests, the Mental Health Utilization Management team can be reached via email at [T-5UMMentalHealthTeam@Triwest.com](mailto:T-5UMMentalHealthTeam@Triwest.com).

## Please note

Per [TRICARE Reimbursement Manual, Ch. 1, Section 28](#), network and non-network providers who submit claims for services without obtaining a prior authorization when one is required will receive a 10 percent payment reduction during claims processing. For network providers, the penalty may be greater than 10 percent depending on whether the provider's network contract includes a higher penalty. These penalties may not be passed onto the beneficiary for payment.

## Care Coordination

Short term coordination of any transition is covered including acute inpatient transitions, care coordination, and care management. Care coordinators can assist with discharge planning, ensuring follow up appointments are in place and attended, providing location and appointing assistance, and referring to appropriate case or disease management programs for long term assistance. Services can be accessed by calling (833) 818-5114 or by emailing [T5CareCoordination@triwest.com](mailto:T5CareCoordination@triwest.com).

## Complex Case Management

Long term support for complex needs including comprehensive assessment, collaborative care planning, care coordination, health education and resources, motivational interviewing, and self-management skill development. Referrals can be submitted in the Care Management Programs section of the Government and Provider portal. Questions can be directed via email to [T5ComplexCM@triwest.com](mailto:T5ComplexCM@triwest.com).