

Residential Treatment Center Care under TRICARE®

Benefit details

Care at a residential treatment center (RTC) is a covered benefit for children and adolescents up to age 21, when medically or psychologically necessary. Treatment must be provided by a TRICARE-certified RTC, and prior authorization is required for all beneficiaries.

Admission to an RTC primarily for substance use disorder rehabilitation is not a covered benefit and will not be authorized.

The authorization process

Initial prior authorization requests for RTC care must include completed provider and family RTC applications, which are available in the forms section of www.tricare-west.com and should be attached to the provider's online request. HNFS is only able to start the authorization review process after both applications are received.

If continued RTC care is needed after the initial stay has been authorized, the requesting provider must complete HNFS' Residential Treatment Center Concurrent Review and Inpatient TRICARE Service Request/Notification forms. These also should be submitted as an attachment to the online request.

Geographically distant family therapy

Geographically distant family therapy (GDFT) allows family members and legal guardians who live 250 miles or more from the RTC facility to take part in weekly therapy sessions via telephone. One monthly on-site visit is recommended. Family therapists should note this type of therapy session with "GDFT" in the remarks block of the claim form for reimbursement.

Educational services

The RTC may request approval for payment of educational costs by submitting adequate documentation. This includes:

- A Public Official's Statement demonstrating the school district refused to pay for the educational component of the RTC care.
- Letter from the school, school district or state representative that indicates the school, school district or state does not provide nor pay for the requested educational benefit.
- Letter from the servicing facility/provider indicating they made repeated attempts to get documentation from the school, school district or state.

Leave of absence

Therapeutic leaves of absences – periods of time during which patients test their ability to function outside an RTC before being discharged – are not covered by TRICARE.

Incident reports

Serious incidents outside the normal routine care at the RTC involving TRICARE beneficiaries (for example, patient death, abuse, suicide attempt) must be reported to the referring military hospital or clinic, and the Defense Health Agency (DHA) or a designee. In this case, HNFS can be considered the designee for DHA. Serious incidents as described above and defined in the TRICARE Operations Manual, Chapter 7, Section 4, can be reported to HNFS via email at hnfscqm@hnfs.com.

Rates

Reimbursement for RTC care is based on an all-inclusive per diem rate. This per diem rate encompasses the RTC's daily charge for all inpatient care and mental health treatment including individual and group psychotherapy, family therapy and other ancillary services provided by the RTC.

Services provided by medical professionals employed by or contracted with the RTC are part of the all-inclusive per diem rate and cannot be billed separately. Please note: Other mental health providers may render services to RTC patients under this payment system; however, such providers must look to the RTC for their payment.

Providers may be reimbursed for the following services outside the all-inclusive RTC rate:

- GDFT
- Educational services (approved for the individual beneficiary)
- Non-mental health services otherwise covered by TRICARE that are rendered by an independent provider outside the RTC

Find additional information on RTC coverage and reimbursement at www.tricare-west.com > Provider > Benefits A–Z and in the TRICARE Reimbursement Manual, Chapter 7, Section 4.

