TRICARE® Mental Health

Mental health care is an important TRICARE benefit, and Health Net Federal Services, LLC (HNFS) wants to make sure you have the information and resources you need to provide care for your TRICARE patients. Please also visit **www.tricare-west.com** > *Provider* > *Benefits & Copays* > *Benefits A–Z.*

Inpatient Services

Service	Coverage Details	Prior Authorization/Referral Guidelines
Acute Inpatient Care	• Hospitalization for mental health and substance abuse is a covered benefit as long as care is considered medically or psychologically necessary and appropriate. • **Inpatient care follow up:** If contacted by a hospital or HNFS regarding a beneficiary who is being discharged, please schedule a follow-up appointment with the beneficiary within seven days. • If you are a primary care manager and receive a call from a beneficiary who had a psychiatric inpatient hospitalization, encourage him or her to see a mental health care provider within seven days of being discharged.	• Emergency psychiatric and chemical dependency detox admissions do not require prior authorization. HNFS should be notified of admission within one business day. • All other admissions require prior authorization. • Eating disorder admissions are considered elective admissions. Submit the Eating Disorder Checklist, available at www.tricare-west.com, with the authorization request • Elective inpatient care for an active duty service member (ADSM) requires a referral from the military hospital or clinic or Defense Health Agency-Great Lakes (DHA GL).
Residential Treatment Center (RTC)	• RTC care is only covered for beneficiaries through age 20. • Unless therapeutically contraindicated, the family and/or guardian should actively participate in the continuing care of the beneficiary, through direct involvement at the facility or geographically distant family therapy.	• Prior authorization is required. • Provider and family applications (available at www.tricare-west.com) must be completed and submitted to HNFS with the authorization request before review can occur. • A mental health disorder must meet clinical review criteria before admission can be authorized. • Admission to an RTC primarily for substance use disorder (SUD) rehabilitation is not a covered benefit and will not be authorized.

Outpatient Services

Service	Coverage Details	Prior Authorization/Referral Guidelines
Outpatient for mental health and substance use disorders	• Outpatient mental health is a covered benefit when medically or psychologically necessary to treat a covered mental health disorder. This includes any combination of individual, family, collateral or group sessions.	• TRICARE Prime and TPR beneficiaries **(excluding ADSMs who require a referral for all non-emergency mental health care)** do not need an authorization or a referral for outpatient mental health therapy visits to network providers. TRICARE Prime beneficiaries must have an approval from HNFS to a non-network provider unless they choose to use their Point of Service option. • TRICARE Select beneficiaries may self-refer to a network or non-network provider for outpatient mental health therapy visits. HNFS approval is not required.
Psychiatric Partial Hospitalization Program (PHP) and Intensive Outpatient Programs (IOP)	• PHP for mental health and substance use is a covered benefit as long as care is considered medically or psychologically necessary and appropriate. Services may include day, evening, night and weekend treatment programs. • PHP is a time-limited, ambulatory, active treatment program that offers therapeutically intensive, coordinated, and structured clinical services within a stable therapeutic environment. • IOP is a covered benefit when the care is medically and psychologically necessary. • PHP and IOP must be provided in an institution and not in an outpatient setting.	• Prior authorization is required for all beneficiaries. • The beneficiary's primary care manager (PCM) or mental health care specialty provider should submit the request to HNFS using our Inpatient TRICARE Service Request Notification form available at www.tricare-west.com > *Provider* > *Resources* > *Forms*. • Active duty service members (ADSMs) require a PCM referral *and* an authorization. • TRICARE Prime and TRICARE Prime Remote beneficiaries (excluding ADSMs) who see non-network providers require a PCM referral *and* an authorization (unless using the Point of Service Option).

Psychological Testing	• Psychological testing is a covered benefit when medically necessary for the diagnosis or treatment planning of covered psychiatric disorders or bariatric surgery. • Some types of psychological testing are not covered. Visit **www.tricare-west.com** > *Provider* > *Benefits & Copays* > *Benefits A–Z* for details.	• TRICARE Prime and TPR beneficiaries **(excluding ADSMs who require a referral for all non-emergency mental health care)** do not need an authorization or a referral for psychological testing or outpatient mental health therapy visits to network providers. TRICARE Prime beneficiaries must have an approval from HNFS to a non-network provider unless they choose to use their Point of Service option. • TRICARE Select beneficiaries do not require an approval from HNFS.
Psychotropic Pharmacologic (Medication) Management	• When provided in conjunction with a psychotherapy visit, reimbursement for medication management is included in the allowable charge for psychotherapy.	• TRICARE Prime and TPR beneficiaries **(excluding ADSMs who require a referral for all non-emergency mental health care)** do not need an authorization or a referral for medication management when billed in conjunction with outpatient mental health therapy visits to network providers. TRICARE Prime beneficiaries must have an approval from HNFS to a non-network provider unless they choose to use their Point of Service option. • TRICARE Select beneficiaries may self-refer to a network or non-network provider for outpatient mental health therapy visits.
Transcranial Magnetic Stimulation (TMS)	TMS is a covered benefit for major depression when: • it is medically or psychologically necessary and the patient failed to respond to a less intensive form of treatment, or • a less intensive intervention is not appropriate and • the patient is 18 years of age or older.	• Prior authorization is required. • An attestation form must accompany the request. The form is available at **www.tricare-west.com** > *Provider* > *Authorizations* > *Letter of Attestation*.
Electroconvulsive Therapy (ECT)	Electroconvulsive treatment is a covered benefit when: • medically or psychologically necessary and the patient failed to respond to a less intensive form of treatment, or • a less intensive intervention is not appropriate.	• Prior authorization is required. • An attestation form must accompany the request. The form is available at **www.tricare-west.com** > *Provider* > *Authorizations* > *Letter of Attestation*.
Psychoanalysis (CPT® 90845)	• Psychoanalysis is a covered benefit when medically or psychologically necessary.	• Prior authorization is required.
Spravato® Nasal Spray	• Spravato® (esketamine) nasal spray is a covered benefit when medically or psychological necessary for the treatment of treatment-resistant depression.	• Prior authorization is required.

Prior Authorization and Referral Reminders

Prior authorization and referral requirements are subject to change. It is important to use the **Prior Authorization, Referral and Benefit Tool** available at **www.tricare-west.com** > *Provider* > *Authorizations* > *Is Approval Needed?* to determine when an HNFS prior authorization or referral is required. If a prior authorization or referral is required, HNFS 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 status online.

Please note: Per **TRICARE Reimbursement Manual, Ch. 1**, network and non-network providers, who submit claims for services without obtaining a prior authorization when required, will receive a 10 percent payment reduction during claims processing. For a network provider, the penalty may be greater than 10 percent depending on whether his or her network contract includes a higher penalty. These payment reduction penalties cannot be passed onto the beneficiary for payment.