

# BEHAVIORAL HEALTHCARE SERVICES INFORMATION

## Noncovered behavioral healthcare services\*

- All services and supplies related to non-covered conditions and treatment or provided by an unauthorized provider
- Aversion therapy such as electric shock, alcohol or other drugs (except Antabuse®)
- Biofeedback for psychosomatic conditions
- Counseling for socioeconomic purposes; stress management; lifestyle modification
- Court-ordered treatment that is not otherwise medically necessary
- Custodial care
- Developmental disorders (e.g., dyslexia, language/mathematics/articulation disorders)
- Domiciliary care
- General or special education services
- Inpatient services that could have been performed on an outpatient basis
- Inpatient stays primarily for rest/rest cures
- Inpatient stays primarily to control or detain a runaway child
- Learning disorders
- Megavitamin/orthomolecular psychiatric therapy
- Microcurrent Electrical Therapy (MET), Cranial Electrotherapy Stimulation (CES), etc. using non-invasive application of low level microcurrent stimulation to the head by means of external electrodes for treatment of anxiety, depression or insomnia, and electrical stimulation devices used to apply this therapy
- Obesity and/or weight reduction services
- Psychoanalysis/psychotherapy credited towards earning a degree or furtherance of education/training, regardless of diagnosis or symptoms that may be present
- Sex therapy, sexual advice, sexual counseling, sex behavior modification, psychotherapy, etc., and any supplies provided in connection with therapy for sexual dysfunctions, inadequacies or paraphilic disorders
- Therapeutic absences from an inpatient facility, except when specifically included in a treatment plan approved by TRICARE
- Unproven drugs, devices and medical treatments or procedures
- Vocational counseling

\*For a complete list of behavioral healthcare services that are excluded under TRICARE or are covered with significant limitations, visit [TRICARE.mil](https://www.tricare.mil)

## Covered outpatient behavioral healthcare services\*

### Psychotherapy

- Individual, group, family/conjoint therapy
- Collateral visits
- Psychoanalysis
- **Referral/Preauthorization:** Not required, except for psychoanalysis, which requires preauthorization

### Psychological and neuropsychological testing

- Covered when provided in conjunction with otherwise covered psychotherapy or as part of the assessment and reassessment process for Applied Behavior Analysis (ABA) under the Autism Care Demonstration (ACD)
- **Referral/Preauthorization:** Preauthorization not required; referral required for non-network provider

### Psychotropic medication management

- Covered when under the care of a provider authorized to prescribe the medications
- **Referral/Preauthorization:** Not required

### Intensive Outpatient Program (IOP)

- Provide structured, individualized day/evening services including assessment, treatment, and rehabilitation for individuals requiring lower level of care than inpatient, Partial Hospitalization Program (PHP) or Residential Treatment Center (RTC)
- **Referral/Preauthorization:** Preauthorization not required; referral required for non-network provider PRIME\*

### Electroconvulsive Therapy (ECT)

- Must be rendered by a qualified provider
- **Referral/Preauthorization:** Preauthorization required; Primary Care Manager (PCM) referral required for non-network provider

### Transcranial Magnetic Stimulation (TMS)

- Covered on an outpatient basis for the treatment of adults with major depressive disorder
- **Referral/Preauthorization:** Required

### Applied Behavior Analysis (ABA)

- Covered for eligible beneficiaries with a diagnosed Autism Spectrum Disorder (ASD) who are enrolled in the ACD
- **Referral/Preauthorization:** Referral and preauthorization required

\*Coverage determination based on medical/psychological necessity and policy review. Active Duty Service Members (ADSM) require a preauthorization and PCM referral for behavioral health and Substance Use Disorder (SUD) services outside of a military hospital or clinic, except for inpatient emergent services.

# BEHAVIORAL HEALTHCARE SERVICES INFORMATION

## Covered inpatient behavioral healthcare services\*

### Acute inpatient hospitalization

- Used to stabilize life-threatening or severely disabling conditions to permit a less intensive level of care
- Necessary only when patient needs 24-hour observation and assessment, and/or continued intervention by multidisciplinary treatment team. Patient must also meet one of the following criteria: poses serious risk of harm to self and/or others; needs high dosage, intensive medication or somatic/psychological treatment, with potentially serious side effects; or has acute disturbances of mood, behavior or thinking
- **Referral/Preauthorization:** Referral and preauthorization required for all non-emergency admissions. Preauthorization not required for emergency admissions, but authorization for a continuation of services is required. Humana Military must be notified within 72 hours of emergency admissions

### Residential Treatment Center (RTC)

- Provide medically supervised, interdisciplinary treatment for beneficiaries under 21 years of age; may be complemented by family therapy and case management
- **Referral/Preauthorization:** Referral and preauthorization required. Admission primarily for SUD rehabilitation is not authorized

### Partial Hospitalization Program (PHP)

- Provide time-limited, ambulatory day, evening, and weekend treatment for crisis stabilization, partially stabilized conditions and transition from inpatient programs
- **Referral/Preauthorization:** Preauthorization not required; referral required for non-network provider PRIME\*

## Covered Substance Use Disorder (SUD) services\*

### Inpatient/Residential SUD detoxification and rehabilitation

- For detoxification, stabilization, and treatment of medical conditions associated with SUD
- Necessary only when patient needs 24-hour observation and assessment, and/or continued intervention by multidisciplinary treatment team. Patient must also meet one of the following criteria: poses serious risk of harm to self and/or others; needs high dosage, intensive medication or somatic/psychological treatment,

with potentially serious side effects; or has acute disturbances of mood, behavior, or thinking

- **Referral/Preauthorization:** Referral and preauthorization required for all non-emergency admissions. Preauthorization not required for emergency admissions, but authorization for a continuation of services is required. Humana Military must be notified within 72 hours of emergency admissions

### Intensive Outpatient Program (IOP)

- Provide structured, individualized day/evening services including assessment, treatment, and rehabilitation for individuals requiring lower level of care than inpatient, PHP or RTC
- **Referral/Preauthorization:** Preauthorization not required; referral required for non-network provider PRIME\*

### Medication Assisted Treatment (MAT)

- Combines drug and mental health therapies to help manage withdrawal symptoms by both institutional and individual professional providers
- **Referral/Preauthorization:** Preauthorization not required; PCM referral required for non-network provider PRIME

### Opioid Treatment Program (OTP)

- Outpatient facility-based programs that may include management of withdrawal symptoms, medication therapy, psychosocial and medical support
- **Referral/Preauthorization:** Preauthorization not required; PCM referral required for non-network provider PRIME\*

### Partial Hospitalization Program (PHP)

- Provide time-limited, ambulatory day, evening, and weekend treatment for crisis stabilization, partially stabilized conditions and transition from inpatient programs
- **Referral/Preauthorization:** Preauthorization not required; referral required for non-network provider PRIME\*

\*Coverage determination based on medical/psychological necessity and policy review. Active Duty Service Members (ADSM) require a preauthorization and PCM referral for behavioral health and SUD services outside of a military hospital or clinic, except for inpatient emergent services.