Marriage Counseling, Family Therapy and TRICARE

TRICARE covers behavioral health care only for beneficiaries with a valid behavioral health diagnosis. Counseling services that are not medically necessary for treatment of a diagnosed medical condition (e.g., educational, stress management and lifestyle modification counseling) are not covered. Although marriage counseling and family therapy may seem similar, under TRICARE family therapy is covered, while marriage counseling is not.

Marriage Counseling

Marriage counseling does not indicate the presence of a valid diagnosis; therefore, it is not covered by TRICARE. However, you can inform your TRICARE beneficiaries about available resources that may help improve their relationships.

Military OneSource: Offers up to six cost-free, confidential counseling sessions to active duty military personnel, National Guard and Reserve members, and their family members. Beneficiaries can visit www.militaryonesource.com or call 1-800-342-9647 for details.

Military and Family Life Consultants: Provide service members and their families with face-to-face, non-medical counseling and education about daily life stressors related to deployment and reintegration. Beneficiaries can visit www.mhngs.com or call 1-800-646-5613 for details.

Online Behavioral Health Resource Center: Health Net Federal Services, LLC (Health Net) offers an online behavioral health resource center to TRICARE beneficiaries at www.healthnetfederalservices.com. The site is designed to help beneficiaries balance work, family and other aspects of life.

You can also advise beneficiaries to check with their local military treatment facility to see if it offers marriage counseling, or to look into community-based services (e.g., social service agencies, community groups or church-based couples/family services).

Family Therapy

Family therapy is considered outpatient psychotherapy and is a TRICARE-covered benefit when it is determined to be medically or psychologically necessary for treatment of a valid diagnosed behavioral health disorder.

Family therapy may involve all or a portion of the family. The family generally includes the spouse of the patient with the behavioral health disorder and his or her children. In the case of a child patient, it includes the parents, step-parents, guardians and siblings. When it is determined appropriate, other family members residing in the same household can be included.

Outpatient therapy is limited to a maximum of two sessions per week in any combination of individual, family or collateral sessions. Beneficiaries can self-refer to a TRICARE network provider for the first eight outpatient family therapy visits per fiscal year (Oct. 1–Sept. 30). However, certain provider types always require a physician referral, even for the first eight visits (e.g., licensed professional counselors, licensed mental health counselors and pastoral counselors). All visits beyond the initial eight outpatient visits require prior authorization from Health Net.

TRICARE Prime beneficiaries must use network providers to avoid significant out-of-pocket costs.

Note: Except for services authorized under Military OneSource, ADSMs must have a referral from their PCM for all civilian behavioral health care services prior to the services being rendered by a TRICARE-authorized provider.

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PTSD Screen for Primary Care Providers

Because primary care providers may treat TRICARE beneficiaries suffering from post-traumatic stress disorder (PTSD), it is important for these providers to be familiar with the signs of PTSD.

According to the National Center for Posttraumatic Stress Disorder (NCPTSD), the primary signs of PTSD include:

- Re-experiencing symptoms (e.g., nightmares, intrusive thoughts)
- Avoidance of cues that trigger traumatic memories
- Numbing/detachment from others
- Hyperarousal (e.g., increased startle, hypervigilance)

The NCPTSD recommends using the Primary Care PTSD Screen shown in the table. The screen was designed for primary care and other medical settings to help identify patients who may be experiencing PTSD.

The NCPTSD maintains that screen results should be considered positive if a patient answers “yes” to any three items. A positive response to the screen does not necessarily indicate that a patient has PTSD, but that they may have PTSD.

After reviewing the screen results, the NCPTSD recommends having a discussion with the patient to determine if he or she might benefit from further behavioral health care evaluations.

Visit the NCPTSD Web site at www.ncptsd.va.gov for more details about the screen and other information about PTSD.

In addition, the Military Health System is offering free continuing medical education on PTSD and traumatic brain injury to civilian providers in a convenient, online setting. To access the new Civilian Provider Education Portal, visit www.health.mil/civilianprovidereducation.

**Primary Care PTSD Screen**

In your life, have you had any experience that was so frightening, horrible or upsetting that, in the past month, you …

1. Have had nightmares about it or thought about it when you did not want to?
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
3. Were constantly on guard, watchful or easily startled?
4. Felt numb or detached from others, activities or your surroundings?
Treating Out-of-Area TRICARE Beneficiaries

There may be times when a TRICARE beneficiary from a different TRICARE region will come to you for treatment or when you may have to advise one of your own TRICARE beneficiaries about how to access care while traveling. TRICARE offers several program options with varying requirements for out-of-area care, and it is important to be aware of the requirements for each option.

Emergency Care
For emergency care, TRICARE beneficiaries should go directly to the nearest emergency room or call 911 for assistance. A referral or authorization is not required.

If the patient is admitted, you should notify his or her regional contractor within 24 hours or the next business day. If not admitted, the patient will need to coordinate any follow-up care with his or her primary care manager (PCM). TRICARE Prime Remote (TPR) active duty service members (ADSMs) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) beneficiaries without PCMs should contact their regional contractor to coordinate follow-up care.

TRICARE Standard beneficiaries should also follow up with their primary care physician or family doctor. There are no authorization requirements for post-emergency room care, except for admissions for substance abuse or behavioral health care. For those admissions, you must notify the regional contractor within 24 hours or the next business day.

Urgent Care
If the need for urgent care arises (e.g., a sprain or sore throat), a TRICARE Prime, TPR or TPRADFM beneficiary must obtain a referral from his or her military treatment facility (MTF), PCM or regional contractor before visiting a civilian provider. Without a referral, urgent care is covered under the TRICARE point of service (POS) option (except for ADSMs), resulting in higher out-of-pocket costs for beneficiaries. TPRADFM beneficiaries must always obtain an authorization from the regional contractor before seeking urgent care from non-network providers.

Note: The POS option does not apply to TRICARE Prime or TPRADFM beneficiaries if they have other health insurance that provides primary coverage. TRICARE Standard beneficiaries do not require a referral for urgent care. Authorization is not required for overseas-enrolled active duty family members seeking care in the United States, except for nonemergency inpatient behavioral health care.

Routine Care
TRICARE beneficiaries should seek routine care from their MTF or network PCMs. Obtaining care from their MTF or network PCMs will result in the lowest out-of-pocket costs.

Claims
Regardless of the type of care provided, out-of-area TRICARE beneficiaries other than ADSMs must pay applicable copayments and cost-shares. You should submit all reports and claims information to the region where the beneficiary is enrolled, or where the beneficiary resides if not enrolled, not the region where care was received. If you have any questions about submitting claims for out-of-area TRICARE beneficiaries, contact the appropriate TRICARE regional contractor listed below.

South Region—Humana Military Healthcare Services, Inc., 1-800-444-5445. Includes Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Fort Campbell area) and Texas (excluding the El Paso area).

West Region—TriWest Healthcare Alliance Corp., 1-888-TRIWEST (1-888-874-9378). Includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding the Rock Island Arsenal area), Kansas, Minnesota, Missouri (excluding the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner only, including El Paso), Utah, Washington and Wyoming.

Overseas—Wisconsin Physicians Service. Processes all claims for beneficiaries residing in any of these TRICARE overseas areas—TRICARE Europe, TRICARE Latin America and Canada, TRICARE Pacific or Puerto Rico (except ADSMs) and the U.S. Virgin Islands. Refer to Chapter 8 of the TRICARE Provider Handbook for the appropriate number to call based on beneficiary overseas residence.

For more information on treating out-of-area TRICARE beneficiaries, see Chapters 7 and 8 of the TRICARE Provider Handbook, or visit Health Net Federal Services, LLC’s website at www.healthnetfederalservices.com.
When a new provider joins a network provider’s group, the practice must take certain steps to continue having its claims expeditiously paid and for the new provider to be accurately represented in the TRICARE network directory.

Health Net Federal Services, LLC (Health Net) must first credential the new provider. Health Net will not initiate referrals to a new provider who is not credentialed as a network provider, and he or she will not be listed as a network provider in the TRICARE provider directory.

**Note:** Providers pursuing a TRICARE network (contracted) affiliation with Health Net should not complete the provider certification forms located on the www.myTRICARE.com Web site.

New members to your group who participate with the Council for Affordable Quality Healthcare (CAQH®) experience a quick and easy initial network credentialing process. In addition to updating their CAQH profile, new group members are required to submit a TRICARE-specific supplemental Provider Credentialing & Demographic Data Sheet to Health Net. The data sheet and instructions for submission are available on the Health Net Web site at www.healthnetfederalservices.com. Simply go to the Provider Portal and select “Become a Network Provider” and then the “credentialing” link. Follow the instructions for submission to the appropriate subregional office.

If your new group member is not yet registered with CAQH, complete the Provider Credentialing & Demographic Data Sheet and forward it to Health Net as instructed on the Web site. The provider will then be invited by CAQH to participate in the credentialing process.

If you need additional information or clarification, call Health Net at 1-877-TRICARE (1-877-874-2273) and select the “contracting and credentialing” option.