A TRICARE Guide
Understanding Behavioral Health
Common Concerns, Helpful Resources, and How Your Benefits Work for You
An Important Note about TRICARE Program Information

At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continually made as public law is amended. **Military treatment facility guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

# Table of Contents

**TRICARE and Your Behavioral Health** ................................................................. 3
- If You Need Help Right Now ................................................................................. 4
- Don’t Wait for an Emergency .................................................................................. 5
- Using this Guide ....................................................................................................... 5

**Understanding Behavioral Health** .................................................................... 6
- Stress and the Toll It Takes .................................................................................. 6
- Recognizing Signs and Symptoms ........................................................................ 11
- Common Behavioral Health Conditions ............................................................... 12

**Covered Services, Limitations, and Exclusions** ............................................. 16
- Outpatient Services ............................................................................................... 16
- Inpatient Services .................................................................................................. 20
- Exclusions ............................................................................................................... 23
- Costs ....................................................................................................................... 24

**Who to See for Care** ...................................................................................... 26
- Behavioral Health Care Provider Types ................................................................. 26
- Selecting a Provider ................................................................................................. 27
- Before You Travel ................................................................................................ 28

**Getting Care** .................................................................................................... 30
- Active Duty Service Member ................................................................................. 32
- Active Duty Family Member ................................................................................. 38
- National Guard or Reserve Member or Family Member ......................................... 46
- Retired Service Member or Family Member ............................................................ 52
- Medicare-Eligible TRICARE Beneficiary ................................................................. 58

**Your Right to Privacy** ...................................................................................... 63
- Medical Records and Privacy ............................................................................... 63
- HIPAA and Privacy ................................................................................................. 63
- Release of Records and Personal Health Information ............................................. 64
- Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act of 1992 ............................................................... 64
TRICARE and Your Behavioral Health

Behavioral health is a term used interchangeably with mental health. Unfortunately, many people are still reluctant to seek behavioral health care because they’re afraid a “stigma” surrounds behavioral health problems.

No one questions the need for medical care for a sprained arm or a heart problem. However, when people experience emotional problems they may feel embarrassed and afraid to seek help when the troubling signs first surface. Sometimes, people try to convince themselves the problems will go away on their own—they just have to “tough it out” until that happens. Some emotional difficulties will go away with time. But, just like a heart condition that’s ignored, some behavioral health problems worsen if left untreated. Don’t let this happen to you.

Our military leadership, from the secretary of defense down the chain of command, recognizes the need for addressing behavioral health care issues for men and women in uniform, their families, and retirees. Two recent Department of Defense (DoD) initiatives include new post-traumatic stress disorder (PTSD) treatment programs for returning service members and expanded counseling for service members, retirees, and their families.

Additional DoD efforts are underway to battle the stigma and discrimination surrounding psychological disorders and encourage service members and families to seek behavioral health care. For instance, the Mental Health Self-Assessment Program (www.militarymentalhealth.org/wELCOME.asp), an online resource funded by DoD Force Health Protection and Readiness, offers anonymous self-assessment tools to help you and your family members identify possible behavioral health symptoms and provides guidance on how to get help.

This program also promotes the necessity of obtaining behavioral health care in its educational video, A Different Kind of Courage: Safeguarding and Enhancing Your Psychological Health.
To view the video and take advantage of the self-assessment tools, visit www.mentalhealthscreening.org/military. For additional DoD resources designed to assist you in getting the care and support you deserve, visit www.warriorcare.mil.

Reversing years of stigma, adopting new ways of recognizing behavioral health care needs, and making positive changes will take time. However, the change has started and progress is being made. It is in the best interest of soldiers, their families, and the military to seek help rather than ignore behavioral health problems that can put all at risk.

**If You Need Help Right Now**

Too often, a person fails to reach out for help until he or she is in the midst of a crisis. If you have picked up this guide because you feel as though you or a close family member needs help right now, don’t wait until the situation worsens. Here’s what you should do.

If it is an emergency, call 911 or go directly to the closest emergency care or psychiatric health care facility. An emergency means that the physical well-being of an individual or those around him or her is at risk.

In the U.S., you can call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) or TTY: 1-800-799-4889. This hotline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. You will be routed to the closest possible crisis center in your area. Your call is free and confidential. Veterans living in the U.S. may call 1-800-273-TALK (1-800-273-8255) and press “1” to reach the Department of Veterans Affairs (VA) hotline, which is staffed by behavioral health professionals who work closely with local VA behavioral health care providers. Note: This number is not free of charge if dialed from outside the U.S.
Don’t Wait for an Emergency

If your situation is not an emergency, read this guide to learn about the behavioral health care information and services that are available to you. If you’re still concerned or feeling as though you need to talk to a professional, TRICARE covers those services.

Using this Guide

This guide is intended to help you understand some of the more common behavioral health issues, as well as when to seek care. The guide provides valuable information about your TRICARE benefit, guidelines about when you may need referrals and authorization for care, and who to contact for help. You’ll also find easy-to-understand information about conditions, symptoms, and possible warning signs.

Many people think only a psychiatrist or psychologist can provide behavioral health care. There are actually several different types of providers, and this guide will help you understand how to find one and learn what types of treatment are available.

The Getting Care section provides a breakdown of care access guidelines by your beneficiary type and program option. You can also read about life events common to everyone or challenges and concerns specific to military families.

Your Right to Privacy is a section detailing your privacy rights and how your medical and behavioral health records are used.

Refer to the For Information and Assistance section of this guide for important contact information and helpful resources, including a list of recommended reading and other resources.

Keep in mind that this guide is only an informational resource. It is not a substitute for professional care. Never try to diagnose yourself or a loved one based on certain symptoms or behaviors. Always leave diagnosis and treatment to the experts who are waiting to help.
Understanding Behavioral Health

**Stress and the Toll It Takes**

Military life is challenging and often unpredictable for service members and their families. Frequent deployments, moves, and extended separations are just a few examples of the stresses service members and their family members face. Add to that the daily situations that create stress for everyone: job frustrations, problems at school, financial and medical health worries. It’s not uncommon for these issues to lead to feelings of anxiety, anger, or sadness.

When stress is minimized or well-managed, these feelings will come and go, but ultimately should pass. When someone is exposed to long-term stress, serious physical, emotional, and behavioral health issues can result.

Stress can weaken your immune system, making it harder to fight diseases. Because it can make you moody and tense, your relationships may suffer, and your performance at work or school may decline. If stress persists without treatment, it can lead to depression and more serious behavioral health conditions.

**Stress and the Deployment Life Cycle**

Deployment, perhaps the most challenging part of military life, can be an emotional roller coaster ride packed with unpredictable challenges for service members and their families. These emotional experiences are normal reactions to change, and even just knowing what to expect can help lessen the negative impact of those challenges.

The following information offers insight into what you may be feeling and tips for managing the transitions that occur during the deployment life cycle. Take note if any of these emotional difficulties last for an extended period of time. If so, it may be time to seek professional assistance.
Pre-Deployment: The Stress of Saying Goodbye

What to Expect: Often the most difficult stage of the deployment cycle, the pre-deployment phase finds military families struggling to make things work. Before deployment, families find themselves running extra errands, setting up their finances for the next year, and preparing children for the change. Additionally, service members spend a good bit of time away from home preparing and training for the upcoming deployment. As a result, military families experience tension. Couples may feel as if they are arguing all of the time. Children may throw tantrums, or on the opposite extreme, act as though they don’t care about the deployment.

What to Do: These difficulties are normal prior to deployment. Normal life experience shows that people tend to argue just prior to an anticipated separation. However, it’s important to resolve issues before deployment to maintain positive relationships during the separation. A positive environment will make the transition much smoother for everyone involved.

Deployment: Maintaining Normal Activities

What to Expect: The deployment stage creates mixed emotions for military families. Service members may feel sad, numb to the deployment, alone, or abandoned. At the same time, the spouse may feel disoriented or overwhelmed with additional responsibilities. Children also feel the effects of deployment and may have difficulty sleeping. They may feel anxious, fearful, lonely, or complain of physical symptoms, such as frequent stomachaches.

What to Do: To successfully navigate the deployment phase, it’s important that you and your family members maintain a normal routine. Service members can take up a hobby during deployment, while spouses and children should do what they can to stick to their normal activities. “Helping Kids Pass the Time While You’re Apart” on the following page offers some ideas for helping children through the deployment phase.
Helping Kids Pass the Time While You’re Apart

Listed here are a few ideas for helping children positively focus their energy and emotions during deployment:

- Have family fun nights.
- Make a video of the family during the deployment.
- Host board game tournaments.
- Create a scrapbook together.
- Encourage them to take up a new activity (e.g., sports or dancing).
- Find an organization in your community and suggest they volunteer a few times a week.
- Keep a timeline of important events to share post-deployment.

Sustainment and Post-Deployment: Returning to Routine

What to Expect: As time passes, military families become accustomed to their new routines and learn to cope with the separation. After a few bumps along the way—missed phone calls, family emergencies, and long-distance challenges—eventually, the time comes for the service member to come home.

Returning home can present a whole new set of challenges for a military family. Established routines are disrupted. The service member may have difficulty reconnecting with the family, and the spouse may not want to give up the responsibilities he or she has taken on.

What to Do: During this stage, it is important for families to take it slowly and become reacquainted with each other. For spouses, communication is extremely important during this period. It’s vital to clearly communicate what role changes have occurred during deployment and discuss what changes should be made now that the service member is home.
The post-deployment phase may pose special challenges for children. Younger children may not remember the service member as their parent. Older children may require a lot of attention, while teenagers may appear to not even care that the parent has returned home. Let children set their own pace. In time, the comfort of having mom or dad back home will return.

**The Basics of Self-Care**

During difficult times, such as deployments or other disruptive periods, it’s important for everyone to maintain a well-balanced routine. Listed here are a few tips on just how to do that:

- Spend time with your family.
- Keep your spirits up. Take a walk, ride a bike, or frequent the gym.
- Do something for you.
- Get plenty of rest.
- Establish a network of support. This can be family, friends, or a support group on base.
- Make plans to pass the time while you’re away from your loved ones. Family members can take a trip and service members can take up a hobby.

Try to avoid these common pitfalls:

- Rumors and loss of trust
- Over-interpreting arguments
- Refusing to accept changes in your relationships
- During deployments, putting too much importance on the date of return because dates can change
- Overspending
Self-Help Tips for Managing Your Stress

There are many ways to manage stress. Try these techniques:

• Get more sleep and rest.
• Avoid alcohol and tobacco.
• Discontinue or decrease caffeine intake.
• Eat a balanced diet.
• Take time to exercise regularly, alone or with your family.
• Try a new hobby.
• Build a strong network of friends and family with whom you can talk.
• Keep a journal.
• Spend time with loved ones.
• Find time to be alone and relax or try meditation.
• Manage your time well—avoid over scheduling your day and make lists.
• Periodically clean and organize your personal space.
• Make an effort to focus on the positive aspects of a situation.
• Try to find humor in situations and/or watch a funny television show regularly.

Get Self-Help Online at www.afterdeployment.org

During post-deployment transitions, returning service members and their families can take advantage of interactive behavioral health information at www.afterdeployment.org. The user-friendly site offers confidential education about a host of important topics, including: stress, its triggers, and how to manage it; work conflicts; reconnecting with family and friends; moods; anger; sleep; and special deployment challenges faced by children. Privacy is not a concern because you don’t need to register to access the Web site. Just create a username and password to explore the valuable tools and information available at www.afterdeployment.org.

Practicing self-help methods should lessen or at least help you cope with normal stress. If they don’t seem to work, it might be a good idea to seek professional assistance from a health care provider.
Recognizing Signs and Symptoms

Being aware of how you feel is key to recognizing signs of stress. It is common to feel anxious, sad, or even angry, especially before, during, and after deployment, a permanent change of station, retirement, or other stressful events. The question is, how long do those feelings last? If they or any of the following common signs and symptoms persist for more than a few weeks, you should consider seeking professional assistance:

- Lack of energy
- Difficulty sleeping or sleeping too much
- Rapid weight loss or gain
- Reduced performance at home or at work
- Irritability
- Loss of appetite
- Anxiety

Be aware when your feelings begin to negatively affect your ability to perform daily activities. Take note when:

- **At work:** You can’t concentrate and have difficulty completing tasks.
- **At home:** You have difficulty with or lack energy for everyday activities, such as caring for your home, paying bills, or keeping up your personal appearance.
- **In relationships:** You can’t hold conversations with friends or you feel disconnected from your family members and friends.
- **Your children:** Your child is fearful of new people or situations, has difficulty at school, is acting out at home, has lost interest in sports or hobbies, or expresses low self-esteem and self-criticism.
Common Behavioral Health Conditions

When emotional problems surface, it’s not uncommon to simply deny that something is wrong. However, ignoring such signs and symptoms can increase your chance of developing any of the following more serious conditions. Like any medical ailment, behavioral health conditions are best treated when detected early. The following are short descriptions that define common behavioral health conditions.

**Anxiety Disorder:** Anxiety is a common emotion, often felt when facing a problem or when making an important decision. You should be alert if anxiety begins to affect your ability to lead a normal life. Feelings of panic, fear, and uneasiness lasting longer than a few weeks can be signs of an anxiety disorder—a much more serious condition.

**Attention Deficit Hyperactivity Disorder (ADHD):** ADHD affects children, and some of its symptoms include difficulty paying attention, focusing on tasks, or sitting for even a short period of time. If left untreated, ADHD can cause problems at home, school, work, and in relationships.

**Depression:** Clinical depression is more than just feeling sad after a difficult period. Depression may be diagnosed when feelings of sadness, loss, and hopelessness last longer than a typical period of grief. Undiagnosed depression can lead to more serious behavioral health issues. Some signs and symptoms of depression include:

- Sadness
- Loss of enjoyment in things that were once pleasurable
- Loss of energy
- Feelings of hopelessness or worthlessness
- Difficulty concentrating
- Difficulty making decisions
- Insomnia or excessive sleep
- Upset stomach and digestive problems
- Sexual problems (e.g., decreased interest in sex)
• Aches and pains (*e.g.*, recurrent headaches)
• Changes in appetite causing weight loss or gain
• Thoughts of death, suicide, or self-mutilation
• Self-mutilation or attempting suicide

**Eating Disorders:** Feelings of stress, anxiety, and depression can lead to eating disorders. Individuals with an eating disorder can use eating, purging, or severely restricting their diet as a way to cope with a more serious problem. Eating disorders fall into three categories:

• Anorexia nervosa: Severely limiting the amount of food that’s eaten
• Bulimia nervosa: Eating large amounts of food in a short time and then eliminating it
• Binge eating disorder: Uncontrollable eating resulting in weight gain

**Mild Traumatic Brain Injury (TBI):** Mild TBI is an invisible yet physical injury that may be caused by being close to an explosion or a blow to the head. To suffer from mild TBI, you do not need to have been visibly harmed or even knocked unconscious. If you were near an explosion or suffered a blow to the head and experience symptoms such as poor concentration, anxiety, fatigue, and lack of energy—consider talking to your doctor.

**Post-Traumatic Stress Disorder (PTSD):** Service members are often subject to traumatic events while deployed. Memories of combat experiences can remain buried deep in the subconscious and unexpectedly emerge upon transition back into civilian life. You may experience flashbacks, nightmares, anxiety, and irritability. You may also feel exhausted because you’re using all of your mental energy to deal with the threat of those re-emerging experiences.

It’s normal to experience a degree of post-traumatic stress when returning from deployment. The time to seek treatment is when these experiences persist, occur frequently, and affect your ability to lead a normal life.
Substance Use Disorder: Undiagnosed stress, anxiety, and depression can lead to abuse of alcohol or drugs—a substance use disorder. Individuals who use alcohol or drugs as a means of coping may be at high risk for suicidal behavior. For the most successful treatment of substance use disorder, early detection is the key. A few behaviors to watch for are:

- The substance being taken in increasingly larger amounts 
  *(including excessive amounts of alcohol or abuse of prescription medications)*
- Unsuccessful efforts at cutting down or controlling the amount of the substance used
- A great deal of time spent on activities necessary to obtain the alcohol or drugs
- Substance use continues despite negative consequences
- Aggressiveness and increased irritability
- Hopelessness, depression, or suicidal behavior
- Avoiding friends or family in order to drink or take drugs
- Taking unnecessary risks
- Suspension from school or work

Suicidal Thoughts: Stress, anxiety, and depression increase the likelihood of suicidal thoughts and/or attempts. Untreated, these conditions can cause an individual to feel isolated and believe they have nowhere to turn. If you believe you know someone who is at high risk for suicide, pay attention to these risk factors:

- Previous suicide attempt(s)
- History of behavioral health disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide
- Trouble accessing behavioral health care
- Recent stress or loss
Along with these common risk factors, there are numerous suicide warning signs:

- Withdrawal from friends or family
- Deep sadness
- Dropping hints of self-loathing
- Putting personal affairs in order
- Change in eating or sleeping habits
- Rebellious behavior
- Drug and alcohol abuse
- Unusual neglect of personal appearance
- Significant personality change
- Loss of interest in pleasurable activities
- Increased interest in death
Covered Services, Limitations, and Exclusions

A variety of behavioral health resources are available to help you. This section explains TRICARE’s behavioral health care benefits—what’s covered and what isn’t covered, as well as general cost details. These benefits apply regardless of your program option or location, unless otherwise noted. **Note:** If you are an active duty service member (ADSM), military treatment facility (MTF) guidelines may differ from those outlined in this section. Refer to your MTF or Military Medical Support Office service point of contact for details. For more detailed information or for help with a question that this guide hasn’t answered, contact your local TRICARE regional contractor, TRICARE Service Center (TSC), TRICARE Global Remote Overseas (TGRO) Alarm Center, or TRICARE Area Office (TAO). Contact information is listed in the *For Information and Assistance* section.

Outpatient Services

Referrals and authorizations may apply for certain outpatient services (*does not apply to ADSMs receiving care at an MTF*). Care access and rules vary by beneficiary type, location, and TRICARE program option. Refer to the *Getting Care* section for those details.

Psychotherapy

Psychotherapy is an interpersonal, discussion-based type of behavioral health care. When medically or psychologically necessary to treat a behavioral health disorder, outpatient and inpatient psychotherapy is covered. Outpatient psychotherapy is covered up to two sessions per week in any combination of individual, family, collateral, or group sessions. Inpatient psychotherapy is covered up to five sessions per week in any combination of sessions. The duration and frequency of additional care is dependent upon medical necessity. The following types of therapy sessions are covered:

- **Individual Psychotherapy:** Therapy may be used for adults and children to ease emotional issues, reverse or change troubling behavior, and encourage personality growth and development.
Sessions are covered up to 60 minutes; crisis sessions may extend up to 120 minutes. **Note:** Individual psychotherapy is **not** a covered benefit for a patient with a diagnosis of substance abuse unless the person also has a mental disorder diagnosis.

- **Play Therapy:** A form of covered individual psychotherapy used to diagnose and treat children.

- **Family or Conjoint Psychotherapy:** Therapy is designed to treat the entire family. Regular sessions are covered for up to 90 minutes; crisis sessions may extend up to 180 minutes.

- **Group Psychotherapy:** Sessions are covered for up to 90 minutes.

- **Collateral Visits:** A collateral visit is not a therapy session. These visits are used to gather information and to implement treatment goals. Collateral visits are counted as individual psychotherapy sessions and can last up to 60 minutes. Beneficiaries have the option of combining a collateral visit with another individual or group psychotherapy visit.

**Psychoanalysis**

Psychoanalysis differs from psychotherapy and requires prior authorization. After prior authorization is obtained, it is covered when administered by a graduate or candidate of a psychoanalytic training institution.

**Psychological Testing**

Psychological testing and assessment is covered only when provided in conjunction with psychotherapy. Testing is limited to six hours per fiscal year (*October 1–September 30*). Any testing more than six hours requires a review for medical necessity.

**Medication Management**

If you are taking prescription medications for a behavioral health care condition, you **must** be under the care of a provider who is authorized to prescribe those drugs. Your provider will manage the dosage and duration of your prescription.
TRICARE Assistance Program

The TRICARE Assistance Program (TRIAP) is a Web-based program that uses audio-visual and instant messaging features to provide online access to counseling for short-term, non-medical issues. The following stateside TRICARE-eligible beneficiaries may use TRIAP:

- ADSMs
- Active duty family members (ADFM) (Spouses of any age are eligible, but dependent family members must be age 18 and older.)
- TRICARE Reserve Select (TRS) enrollees (age 18 and older)
- Transition Assistance Management Program (TAMP) enrollees (age 18 and older)

If you are eligible, you can use your home computer to contact licensed behavioral health care professionals 24 hours a day, seven days a week. You can have a private, solution-focused discussion with a TRIAP counselor about many day-to-day issues, including:

- Stress management (work, family, personal)
- Family difficulties and pressure
- Deployments and other family separations
- Relationships and marriage
- Parent-child communication
- Self-esteem

TRIAP services do not require referrals or authorizations, but you will need a phone and a computer. You may access TRIAP an unlimited number of times, and services are confidential and non-reportable (not documented on your military record). TRIAP services do not include medication management, financial counseling, or emergency care. If necessary, a TRIAP counselor can refer you for higher-level behavioral health care, which may include face-to-face counseling.

Visit www.tricare.mil/TRIAP for more information about TRIAP benefits and requirements. To request TRIAP services, contact your regional contractor.
Telemental Health Program

The Telemental Health program uses secure audio-visual conferencing to connect qualifying beneficiaries with offsite TRICARE-authorized providers. The following stateside TRICARE-eligible beneficiaries may use the Telemental Health program:

- TRICARE Prime-enrolled ADSMs and ADFMs
- TRICARE Standard and TRICARE Extra beneficiaries
- TRS enrollees
- TRICARE Prime-enrolled retirees and family members

The Telemental Health program provides medically necessary behavioral health services, including:

- Clinical consultation
- Individual psychotherapy
- Psychiatric diagnostic interview examination
- Medication management

Telemental Health interaction may involve secure two-way audio-visual visits between patients and medical professionals. Beneficiaries can access these services by visiting TRICARE-authorized Telemental Health-participating facilities to contact, via a telecommunications system, TRICARE network providers at remote locations. From their offsite location, Telemental Health providers can evaluate, treat, and refer you for further care.

TRICARE behavioral health care referral and authorization requirements and limitations apply. ADSMs must have a referral from their MTF primary care manager, SPOC, or MTF behavioral health care clinic prior to obtaining civilian behavioral health care. If you are a TRICARE Prime-enrolled ADSM or ADFM, there are no associated cost-shares or charges for Telemental Health services. TRICARE Standard and Extra, TRICARE Prime retirees and their families, and TRS enrollees must pay applicable cost-shares, deductibles, and copayments. Telemental Health availability is limited to areas where participating sites are located.
For more information about Telemental Health, visit the Mental Health and Behavior Web page at www.tricare.mil or contact your regional contractor. Contact information is available in the For Information and Assistance section of this handbook.

**Inpatient Services**

Availability, care access, referral, and authorization requirements for inpatient services may vary by beneficiary type, location, and TRICARE program option. Refer to the Getting Care section for those details. **Note:** Prior authorization is required for all nonemergency inpatient behavioral health care services. In emergency situations, authorization is required for continued stay. **Note:** ADSMs who receive care at an MTF do not require prior authorization.

**Acute Inpatient Psychiatric Care**

Patients may be referred to acute inpatient psychiatric care if their doctor believes they have a behavioral health disorder that threatens their physical well-being to the extent that 24-hour medical and psychiatric care is needed.

**Benefit Limits:**

- Patients 19 and older are limited to 30 days per fiscal year (FY)* or in any single admission.
- Patients 18 and younger are limited to 45 days per FY* or in any single admission.

*The FY is October 1–September 30. Day limits may be waived if determined to be medically or psychologically necessary.*
Psychiatric Partial Hospitalization Program

A psychiatric partial hospitalization program (PHP) is recommended when your physician believes it is necessary to stabilize a critical behavioral health disorder or to transition from an inpatient program to an outpatient program.

**Treatment Frequency:** A PHP is a treatment setting providing medical therapeutic services at least three hours per day, five days per week. Treatment may include day, evening, night, and weekend programs.

**Benefit Limit:** TRICARE provides up to 60 days of coverage per FY (full- or half-day program) in a TRICARE-authorized program for behavioral health disorders. PHP treatment for a diagnosis of a substance use disorder is limited to the rehabilitation treatment maximum outlined in “Substance Use Disorders.” PHP care does not count toward the 30- or 45-day limit for acute inpatient psychiatric care. **Note:** At the time of printing, a limited number of TRICARE-certified PHPs were available and were only available in the U.S. and its territories.

Residential Treatment Center Care

Residential treatment centers (RTCs) provide extended care for children and adolescents who have psychological disorders requiring treatment in a therapeutic environment.

**Benefit Limit:** TRICARE covers up to 150 days in a TRICARE-authorized RTC and may cover more if the care is medically or psychologically necessary.

RTC care is not covered in emergencies, and admission primarily for substance abuse is not authorized. Care does not count toward the 30- or 45-day limit for acute inpatient psychiatric care. Your TRICARE benefit provides RTC care up to age 21; however, most RTCs do not accept individuals older than age 17. **Note:** At the time of printing, RTCs were only available in the U.S. and its territories.
Substance Use Disorders

Substance use disorders include alcohol or drug abuse or dependence. Services are only covered by TRICARE-authorized institutional providers—an authorized hospital or an organized treatment program in an authorized free-standing or hospital-based substance use disorder rehabilitation facility (SUDRF). Treatment includes detoxification, rehabilitation, and outpatient individual, group, and family therapy.

Benefit Limit: TRICARE covers three substance use disorder rehabilitation treatments in a lifetime and one per benefit period. A benefit period begins with the first date of the covered treatment and ends 365 days later.

Detoxification (Emergency Inpatient)

TRICARE covers emergency inpatient chemical detoxification treatment when the patient’s condition requires the personnel and facilities of a hospital or SUDRF. Up to seven days per episode is covered in a TRICARE-authorized facility. TRICARE may cover more days if determined to be medically or psychologically necessary. Inpatient detoxification care counts toward the 30- or 45-day limit for acute inpatient psychiatric care, but not toward the rehabilitation level of care.

Rehabilitation

Rehabilitation of a substance use disorder may occur in an inpatient or partial hospitalization setting. TRICARE covers 21 days of rehabilitation per benefit period in a TRICARE-authorized facility, whether an inpatient or partial hospitalization or a combination of both. Inpatient days for rehabilitation count toward the 30- or 45-day limit for acute inpatient psychiatric care and partial hospitalization days count toward the 60-day limit for partial hospitalization.

Outpatient Care

Outpatient care must be provided in an individual or group setting by an approved SUDRF (free-standing or hospital-based). Benefit limits are as follows:
• Individual and group therapy: Up to 60 visits per benefit period 
  (only within the SUDRF)

• Family therapy: Up to 15 visits per benefit period

Limits may be waived if more visits are deemed medically or psychologically necessary.

**Exclusions**

The following behavioral health care services are **not** covered under TRICARE. **This list is not intended to be all-inclusive.**

• Aversion therapy (*including electric shock and the use of chemicals for alcoholism, except for disulfiram, which is covered for the treatment of alcoholism*)

• Behavioral health care services and supplies related solely to obesity and/or weight reduction

• Bioenergetic therapy

• Biofeedback for psychosomatic conditions

• Carbon dioxide therapy

• Counseling services, such as nutritional counseling, stress management, marital therapy, or lifestyle modifications

• Custodial nursing care

• Diagnostic admissions

• Educational programs

• Environmental ecological treatments

• Experimental procedures

• Eye movement desensitization and reprocessing (EMDR)

• Filial therapy

• Guided imagery

• Hemodialysis for schizophrenia

• Intensive outpatient treatment program

• Marathon therapy

• Megavitamin or orthomolecular therapy
• Narcotherapy with LSD
• Primal therapy
• Psychosurgery (Surgery for the relief of movement disorders, electroshock treatments, and surgery to interrupt the transmission of pain along sensory pathways are not considered psychosurgery.)
• Rolfing
• Sedative action electrostimulation therapy
• Services and supplies that are not medically or psychologically necessary for the diagnosis and treatment of a covered condition
• Sexual dysfunction therapy
• Services and supplies related to “stop smoking” regimens
• Telephone counseling (except for geographically distant family therapy related to RTC treatment)
• Therapy for developmental disorders such as dyslexia, developmental mathematics disorders, developmental language disorders, and developmental articulation disorders
• Training analysis
• Transcendental meditation
• Z therapy

Costs

Your financial responsibility for behavioral health care services depends on your beneficiary category, which TRICARE option you use, and the type of provider you see. For specific cost details, visit www.tricare.mil/costs.

Beneficiaries enrolled in a TRICARE Prime option, except ADSMs, may be subject to point of service (POS) charges if they obtain nonemergency care without appropriate referrals or authorizations. See your program option’s guidelines regarding referrals and authorizations in the Getting Care section.
Beneficiaries eligible to seek care from a U.S. non-network provider or an overseas host nation provider may be required to pay for services then file a claim with TRICARE for reimbursement. Reimbursement is based on the date the service was rendered. Regardless of the currency used for reimbursement, TRICARE will not reimburse for any differences due to changes in currency value (e.g., U.S. dollar, host nation currency).

File any necessary claims to the area where you live, not where you received the care. Note: TRICARE For Life beneficiaries should file claims based on where they received care. Visit the Wisconsin Physicians Service Web site at www.TRICARE4u.com for details.

U.S. non-network providers may charge up to 15 percent above what TRICARE pays (the TRICARE-allowable charge). You are responsible to pay these charges along with any applicable cost-share and deductible amounts.

Some overseas providers may charge more than 15 percent above the TRICARE-allowable charge for their services. You may be responsible for any difference between the TRICARE-allowable charge and the billed amount a provider may charge, unless you use the services of a participating provider. A participating provider agrees to accept the TRICARE-allowable charge, plus the patient’s cost-share as payment in full for the services rendered. Participating providers may participate on a claim-by-claim basis. You are always encouraged to find those providers who agree to accept the TRICARE-allowable charge and any cost-share or deductible amounts for which you are responsible as payment in full.
Who to See for Care

Behavioral Health Care Provider Types

There are many types of providers who deliver behavioral health care services and some may provide specific services. The following provider types may be authorized by TRICARE:

- **Psychiatrists and Other Physicians:** These providers may perform psychotherapy and counseling, as well as manage medication.

- **Clinical Psychologists:** Clinical psychologists perform psychotherapy, psychological testing, and counseling services, but cannot generally prescribe medication. Note: In the U.S., some states allow psychologists to prescribe medications. Contact your regional contractor for guidelines in your area.

- **Certified Psychiatric Nurse Specialists:** Certified psychiatric nurse specialists provide therapy to individuals with diagnosed psychiatric disorders or to individuals at risk for behavioral health problems. Nurse specialists may perform psychotherapy and manage medications.

- **Licensed Clinical Social Workers:** Master’s degree level clinical social workers can perform psychotherapy and counseling services, but cannot prescribe medication.

- **Certified Marriage and Family Therapists:** Marriage and family therapists perform individual counseling and family therapy, but cannot prescribe medication. In order for services to be covered, marriage and family therapists must be TRICARE-authorized providers and have a participation agreement with TRICARE.

- **Counselors:** Counselors can perform therapeutic counseling services under the supervision of a physician, but cannot prescribe medication. You must have a referral from your physician to visit a behavioral health care counselor, licensed or certified mental health counselor, or a pastoral counselor.
Selecting a Provider

Finding a behavioral health care provider may be as easy as talking to your primary care manager (PCM) or family physician. You can also contact your regional contractor, local TRICARE Service Center (TSC), or local TRICARE Global Remote Overseas (TGRO) Alarm Center (as applicable) for assistance.

If you don’t know your U.S. region or overseas area, you can find a list of service areas at www.tricare.mil.

Questions to Ask

If you decide to see a behavioral health care provider, there are important questions to ask. A list of suggested questions follows. Note: Overseas behavioral health care providers may follow differing treatment guidelines than U.S. providers.

Costs

- Do you participate in TRICARE?
- What are your fees, including charges for missed sessions?

Experience

- How long have you been licensed?
- How long have you been in practice?
- How much experience have you had assessing and treating my particular problem?
- How much experience have you had assessing and treating people like me (e.g., gender, age, ethnic group, disability status)?

Treatment Approach

- How often will we meet?
- How long will my treatment take?
- Will anyone else participate in my treatment (e.g., spouse, children, or others)?
- What approaches would you use to treat my problem?
What happens if your approaches do not help me or I feel worse?
What happens if I have a crisis during treatment?

Information about assistance in finding a provider can be found in the Getting Care section. Look for your beneficiary type and program option.

Before You Travel

If you are planning to travel and think you may need behavioral health care services, make a list of the following contact information for the area where you’ll be traveling and take it with you:

• Your PCM, primary care provider, US Family Health Plan (USFHP) contact, or existing behavioral health care provider (as applicable)
• Local military treatment facility: Visit www.tricare.mil/mtf for locations.
• Local TRICARE regional contractor (if applicable)*
• Regional Behavioral Health Care Provider Locator and Appointment Assistance Line*
• Local TRICARE Area Office, TGRO Alarm Center, or the Puerto Rico Call Center (as applicable): See Figures 7.2, 7.3, and 7.4 in the For Information and Assistance section for contact information.
• Applicable Military Medical Support Office (MMSO) service point of contact (SPOC): See Figure 7.5 in the For Information and Assistance section.
• Regional claims processor and claims-filing address for the area where you live: Visit www.tricare.mil/claims for details.

* See Figure 7.1 in the For Information and Assistance section.
• Wisconsin Physicians Service: See Figure 7.6 in the For Information and Assistance section.

• Your other health insurance (OHI) carrier, if applicable

• Canadian Forces Health Facility: Visit www.tricare.mil/tlac/canada_cfhf.cfm for locations.

• Nearest U.S. Embassy or Consulate: Visit www.usembassy.gov for locations.

• ValueOptions: See Figure 7.6 in the For Information and Assistance section.
Getting Care

How you access behavioral health care depends on three factors: the type of beneficiary you are, your TRICARE program option, and your location. The sections that follow are named by beneficiary type. Look for the section that applies to the type of beneficiary you are then follow the guidelines for your specific TRICARE program option.

About situations: At the beginning of each beneficiary section, you’ll notice one or two brief situations describing common behavioral health concerns. Most of these situations could apply to anyone although some may be more common among military families.

If you feel that any of these situations sound familiar, don’t try to diagnose what may be causing the problem. If the problems persist, consider seeking help or urge your loved one to seek help.

The beneficiary types covered in this section are:

- Active Duty Service Member
- Active Duty Family Member
- National Guard or Reserve Member or Family Member
- Retired Service Member or Family Member
- Medicare-Eligible TRICARE Beneficiary*

* Medicare is your primary insurer. Follow the guidelines for your Medicare health plan. For details, contact your Medicare plan administrator, call Medicare at 1-800-633-4227, or visit www.medicare.gov. If you are under age 65, covered by Medicare, and also enrolled in TRICARE Prime, Medicare is still your primary insurer unless your Medicare benefits are exhausted. In that event, follow the TRICARE Prime guidelines under “Retired Service Member or Family Member.”

Your location, as well as your eligibility status, can also determine how you access behavioral health care. For example:

- **US Family Health Plan beneficiaries:** The US Family Health Plan (USFHP) is a TRICARE Prime option available in six geographic areas across the U.S. If you are a USFHP beneficiary, contact USFHP for details on behavioral health care access guidelines at 1-800-748-7347 or visit www.usfamilyhealthplan.org.
• **TRICARE-eligible survivors:** If you are an eligible transitional survivor of a deceased active duty sponsor (*including National Guard or Reserve members who served on active duty for more than 30 consecutive days*), you have the same care access and requirements as any active duty family member (ADFM) so long as you remain eligible for TRICARE transitional survivor benefits.

During this transitional survivor period, follow the beneficiary guidelines under “Active Duty Family Member.” After the first three years, eligible surviving spouses continue to receive survivor benefits, but at retired family member rates; they should follow the beneficiary guidelines under “Retired Service Member or Family Member.” For more survivor benefit details, visit [www.tricare.mil/survivors](http://www.tricare.mil/survivors).

• **TRICARE-eligible Medal of Honor recipients and eligible family members:** If you are a Medal of Honor recipient and remain on active duty, you should follow the beneficiary guidelines under “Active Duty Service Member,” and your family should follow “Active Duty Family Member” guidelines. If you have separated from active duty, you and your family members should follow the beneficiary guidelines under “Retired Service Member or Family Member.”

Whether you experience a behavioral health emergency or need outpatient behavioral health care, the information in the following sections provides details on what to do and where to find help.

The following care access guidelines apply **only** to your TRICARE benefit. If you have other health insurance (OHI), your OHI is your primary insurer, and TRICARE pays after the OHI. Check with your OHI for any behavioral health care authorization requirements. When the OHI pays first, TRICARE prior authorization rules do not apply. **Note:** National health insurance programs overseas are considered OHI. If you are enrolled in such programs, seek guidance from an overseas TRICARE Service Center (TSC) before obtaining health care from a host nation provider.
Active Duty Service Member

Situation 1: Ever since that truck backfired the other day and I almost hit the deck, I can’t stop thinking about it. I haven’t slept well and every little thing makes me jumpy. What’s wrong with me?

Situation 2: I thought I’d get over losing my buddies by now. How long is sadness supposed to last?

These concerns are not uncommon among active duty service members. Traumatic experiences during deployment can be triggered by everyday events at home. In addition, grief has no timetable—how long it lasts is different for everyone. However, there are proven methods for dealing with trauma and grief in positive ways.

Communication is a necessity. Keep talking. If you’ve established your base of support—friends, family, commanders—use that support. Don’t shut yourself off from those you need and those who need you. Communication is particularly vital during the long separations military families endure during deployments.

If you find coping with life’s challenges to be increasingly difficult or if you’re worried about a loved one, talk to your primary care provider about the problem. Remember, you’re not alone and help is available.

Program Option and Location Determine Care Access

How you access behavioral health care depends on your program option and location. As an active duty service member (ADSM), you may have coverage under one of the following program options depending on where you live or are stationed:

- **TRICARE Prime:** Available in many areas in the U.S.
- **TRICARE Prime Remote (TPR):** Available in designated areas in the U.S.
• **TRICARE Overseas Program (TOP) Prime:** Available in many areas outside the U.S.

• **TRICARE Global Remote Overseas (TGRO):** Available in overseas remote locations

### Getting Care, Referrals, and Authorizations

Use the following guidelines, listed by program option, to access care depending on your location. If you seek behavioral health care through a military treatment facility (MTF), referrals or authorizations are **not** required. If you seek nonemergency care from a civilian provider (*care outside of an MTF*), a referral or authorization is required for fitness-for-duty purposes.

Depending on your program option, your local MTF, TRICARE Service Center (TSC), TGRO Alarm Center, or TRICARE Area Office (TAO) can assist with benefit questions. Contact information referenced in this section is listed in the *For Information and Assistance* section.

**Note:** If you and your accompanying family members live in Canada and are enrolled in or eligible for TOP Prime, you should seek specialty care through your Canadian Forces Health Facility. If care is not available at the local facility, all care is provided by civilian providers or facilities.
**U.S. TRICARE Prime Option ADSMs: Emergency Care**

**In Your Home Area or Traveling in the U.S.**
- Dial 911 or go to the nearest emergency room.
- Referrals or prior authorizations are **not** required.*
- Contact your primary care manager (PCM), or Military Medical Support Office (MMSO) service point of contact (SPOC) within 24 hours or the next business day.

**While Traveling Overseas**
- Go to the nearest emergency care facility, and contact the local TGRO Alarm Center as soon as possible after seeking care or prior to making payment. In Puerto Rico, call the Puerto Rico Call Center.
- Referrals or prior authorizations are **not** required.*

* If admitted, work with the facility to obtain a prompt continued stay authorization from your MTF PCM or MMSO SPOC (for TPR beneficiaries) within 24–72 hours of the admission.

---

**U.S. TRICARE Prime Option ADSMs: Nonemergency Inpatient Admissions**

All nonemergency inpatient behavioral health care admissions require prior authorization from your MTF PCM or MMSO SPOC (for TPR beneficiaries).

---

**U.S. TRICARE Prime Option ADSMs: Outpatient Care**

You do **not** need a referral to receive behavioral health care at an MTF. However, for civilian care, referrals are **required** from your MTF PCM (or MMSO SPOC if enrolled in TPR). If no provider is listed on your referral, you may obtain help with finding a provider or scheduling an appointment by calling the Behavioral Health Care Provider Locator and Assistance Line for the region in which you are seeking care. See Figure 5.1 on the following page for additional outpatient care details.
### U.S. TRICARE Prime Option ADSMs: Outpatient Care

#### Who to See

<table>
<thead>
<tr>
<th>At Home or Traveling in the U.S.</th>
<th>Traveling Overseas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MTF Provider</strong></td>
<td><strong>MTF Provider</strong></td>
</tr>
<tr>
<td>• May self-refer to local military behavioral health or life skills clinic¹</td>
<td>• May self-refer to local military behavioral health or life skills clinic¹</td>
</tr>
<tr>
<td>• Referral <strong>not</strong> required</td>
<td>• Referral <strong>not</strong> required</td>
</tr>
<tr>
<td><strong>Civilian Provider</strong></td>
<td><strong>Civilian Provider</strong></td>
</tr>
<tr>
<td>• MTF PCM referral or MMSO SPOC authorization <strong>is required</strong></td>
<td>• MTF PCM referral or MMSO SPOC authorization <strong>is required</strong></td>
</tr>
<tr>
<td>• Contact local TGRO Alarm Center for assistance</td>
<td>• In Puerto Rico, contact Puerto Rico Call Center</td>
</tr>
<tr>
<td>• In Puerto Rico, contact Puerto Rico Call Center</td>
<td></td>
</tr>
</tbody>
</table>

1. Contact the facility to schedule an appointment.

---

### TOP Prime and TGRO ADSMs: Emergency Care

#### In Your Home Area or Traveling Overseas

- Go to the nearest emergency care facility. Contact your MTF primary care manager (PCM) or TGRO Alarm Center as soon as possible after receiving care or prior to making payment.*
- In Puerto Rico, contact the Puerto Rico Call Center.

#### While Traveling in the U.S.

- Call 911 or go to the nearest emergency room.*
- Use your overseas residential address when receiving care or filing claims.

*Referrals or prior authorizations are **not** required. If admitted, work with the facility to obtain a prompt continued stay authorization from your MTF PCM or TGRO Alarm Center within 72 hours of the admission.*
**TOP Prime and TGRO ADSMs: Nonemergency Inpatient Admissions**

All nonemergency inpatient behavioral health care admissions require authorization within 72 hours of the admission. While traveling in the U.S., go to the nearest MTF for nonemergency care. If the MTF cannot provide the care you need, you will be referred to a civilian care provider. To locate an MTF, visit [www.tricare.mil/mtf](http://www.tricare.mil/mtf).

**Exception:** While visiting the U.S., ADSMs enrolled to the Latin America and Canada (TLAC) TGRO region must contact the TLAC TGRO Alarm Center at 1-800-834-5514 to obtain authorizations for all nonemergency care.

Authorizations for overseas admissions are issued as follows:

- **TOP Prime ADSMs (except in Puerto Rico):** TAO issues the authorization.
- **TOP Prime ADSMs in Puerto Rico:** Puerto Rico Call Center issues the authorization.
- **TGRO ADSMs:** TGRO Alarm Center issues the authorization.

**TOP Prime and TGRO ADSMs: Outpatient Care**

You do not need a referral to receive behavioral health care at an MTF. However, for civilian care, referrals or authorizations are required from your MTF PCM or TGRO Alarm Center (or Puerto Rico Call Center while in Puerto Rico). When traveling in the U.S., go to the nearest MTF for any necessary outpatient care. If the MTF cannot provide the care, you will be referred to a civilian provider. To locate an MTF, visit [www.tricare.mil/mtf](http://www.tricare.mil/mtf). **Exception:** While visiting the U.S., ADSMs enrolled to the TLAC TGRO region must contact the TLAC TGRO Alarm Center at 1-800-834-5514 to obtain prior authorizations for all nonemergency care. See Figure 5.2 on the following page for additional details.
### TOP Prime and TGRO ADSMs: Outpatient Care

| Who to See     | At Home or Traveling Overseas                                                                                                                                                                                                 | Traveling in the U.S.                                                                                                                                                                                                 |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| **MTF Provider** | • May self-refer to local military behavioral health or life skills clinic¹<br>• Referral or prior authorization **not** required                                                                                                     | • May self-refer to local military behavioral health or life skills clinic¹²<br>• Referral or prior authorization **not** required                                                                                           |
| **Civilian Provider** | • MTF PCM, TGRO Alarm Center, or Puerto Rico Call Center referral or prior authorization **required**<br>• Contact local TGRO Alarm Center or TSC to find a provider                                                                 | • MTF or TGRO Alarm Center referral or prior authorization **required**<br>• After receiving referral, you may call regional Behavioral Health Care Provider Locator and Assistance Line |

1. Contact the facility to schedule an appointment. If no MTFs are available in your area, contact the TGRO Alarm Center (or Puerto Rico Call Center when in Puerto Rico) for assistance.

2. If the MTF cannot provide the care, you will be referred to an appropriate civilian provider. While visiting the U.S., ADSMs enrolled to the TLAC TGRO area **must** contact the TLAC TGRO Alarm Center at 1-800-834-5514 to obtain prior authorizations for all nonemergency care (includes outpatient care).
Active Duty Family Member

**Situation 1:** My granddaughter began wetting the bed after her parents were deployed. She hasn’t done that since she was potty trained. Six-year-olds aren’t supposed to wet the bed, are they?

**Situation 2:** For a while, everything was great after my husband came back. It was like we were kids again, holding hands wherever we went. Now he hardly talks to me, except to argue. What’s happening to us?

Deployments, or lengthy separations of any kind, are stressful for the entire family. Although very young children may not fully understand the dangers involved if a parent is deployed, they can sense the anxiety of others. Just seeing troubling news footage can be emotionally upsetting, and not just for a child.

When families are reunited, it’s not uncommon for them to experience a “honeymoon” period, during which everything seems fine. But several months after the service member returns, the experiences he or she faced while away combined with the frustrations of everyday living can create stress.

Time is a great healer, but sometimes it’s not enough. You shouldn’t overreact if a family member appears troubled, but you also shouldn’t assume that ignoring a problem will make it go away. If discussion with your loved one doesn’t help, talk to your doctor.

**Program Option and Location Determine Care Access**

How you access behavioral health care depends on your program option and location. As an active duty family member (ADFM), you may have coverage under one of the following program options depending on where you live:

- **TRICARE Prime:** Available in many areas in the U.S.
- **TRICARE Prime Remote for Active Duty Family Members (TPRADFM):** Available in designated areas in the U.S. to eligible family members whose active duty sponsors are enrolled in TRICARE Prime Remote.
• **TRICARE Standard and TRICARE Extra:** Available in the U.S.

• **TRICARE Overseas Program (TOP) Prime:** Available in many areas outside the U.S.

• **TRICARE Global Remote Overseas (TGRO):** Available in overseas remote locations.

• **TRICARE Overseas Program (TOP) Standard:** Available outside the U.S.

*Family member eligibility is usually contingent upon command sponsorship for these programs. **Note:** National Guard and Reserve members and their family members who are covered as ADFMs under the Transitional Assistance Management Program (TAMP) are not eligible for these programs.

### Getting Care, Referrals, and Authorizations

Use the following guidelines, listed by program option, to access care depending on where you live or travel. Prior authorization may be required for certain services. For prior authorization details for your area, contact your regional contractor, TRICARE Service Center (TSC), or TRICARE Area Office (TAO). If you are enrolled in a TRICARE Prime program option, follow the rules of your program to avoid point of service (POS) fees. Visit [www.tricare.mil](http://www.tricare.mil) for details. **Note:** U.S. beneficiaries seeking care overseas should notify their regional contractor as soon as possible. Contact information referenced in this section is listed in the *For Information and Assistance* section.

### U.S. TRICARE Prime Option ADFMs: Emergency Care*

**In Your Home Area or Traveling in the U.S.**

- Dial 911 or go to the nearest emergency room.

**While Traveling Overseas**

- Go to the nearest emergency care facility or contact the local TGRO Alarm Center for assistance.

*Referrals or prior authorizations are not required for emergency care. Contact your primary care manager (PCM) or primary care provider within 24 hours or the next business day for care coordination. If admitted, work with the facility to obtain a prompt continued stay authorization from your regional contractor within 24–72 hours of the admission.*
U.S. TRICARE Prime Option ADFMs: Nonemergency Inpatient Admissions

All nonemergency inpatient behavioral health care admissions require prior authorization from your regional contractor.

U.S. TRICARE Prime Option ADFMs: Outpatient Care

For your first eight outpatient behavioral health care visits per beneficiary per fiscal year (FY), referrals from your PCM are not required. However, a PCM or physician referral is required for all visits to counselors who require physician supervision (e.g., behavioral health care counselors, licensed or certified mental health counselors, or pastoral counselors). If no provider is listed on your referral, you may obtain help with finding a provider or scheduling an appointment by calling the Behavioral Health Care Provider Locator and Assistance Line for the region in which you are seeking care. For other outpatient services, prior authorization may be required. See Figure 5.3 for additional details.

<table>
<thead>
<tr>
<th>Who to See</th>
<th>At Home or Traveling in the U.S.</th>
<th>Traveling Overseas</th>
</tr>
</thead>
</table>
| MTF or Civilian Provider | • May self-refer to a network provider for first 8 visits per beneficiary per FY\(^1,2\)  
• Prior authorization from regional contractor required for ninth and any subsequent visits | • May self-refer to any TRICARE-authorized provider for first 8 visits per beneficiary per FY\(^1,2\)  
• Prior authorization from regional contractor required for ninth and any subsequent visits  
• Contact local MTF, TSC, or TAO to find a provider |

1. The FY is October 1–September 30.

2. While traveling, routine care is not normally authorized. To avoid POS charges, you must see a network provider in the U.S. When traveling overseas, contact your PCM or regional contractor when seeking care to avoid POS charges.
**TOP Prime and TGRO ADFMs: Nonemergency Inpatient Admissions**

All nonemergency inpatient behavioral health care admissions require authorization within 72 hours of the admission. Authorizations are issued as follows:

- **TOP Prime ADFMs (overseas admissions, except in Puerto Rico):** TAO issues the authorization.
- **TOP Prime ADFMs in Puerto Rico:** Puerto Rico Call Center issues the authorization.
- **TGRO ADFMs (overseas admissions):** TGRO Alarm Center issues the authorization.
- **All ADFMs traveling in the U.S.:** ValueOptions issues the authorization.

---

**TOP Prime and TGRO ADFMs: Emergency Care**

**In Your Home Area or Traveling Overseas**

- Go to the nearest emergency care facility.*
- Contact your PCM or TGRO Alarm Center as soon as possible after receiving care or prior to making payment. In Puerto Rico, contact the Puerto Rico Call Center.*

**While Traveling in the U.S.**

- Dial 911 or go to the nearest emergency room.*
- Use your overseas residential address when receiving care or filing claims to Wisconsin Physicians Service.

* Referrals or prior authorizations are not required for emergency care. If admitted, work with the facility to obtain a prompt continued stay authorization from your MTF PCM or TGRO Alarm Center within 72 hours of the admission.
**TOP Prime and TGRO ADFMs: Outpatient Care**

For your first eight outpatient behavioral health care visits per beneficiary per fiscal year (FY), referrals from your PCM or TGRO Alarm Center are **not** required. However, a PCM, TGRO Alarm Center, or physician referral is **required for all visits** to counselors who require physician supervision (e.g., behavioral health care counselors, licensed or certified mental health counselors, or pastoral counselors). When traveling in the U.S., you may obtain help with finding a provider or scheduling an appointment by calling the Behavioral Health Care Provider Locator and Assistance Line for the U.S. region in which you are seeking care. For other outpatient services, prior authorization may be required. See Figure 5.4 for additional details.

**TOP Prime and TGRO ADFMs: Outpatient Care**

<table>
<thead>
<tr>
<th>Who to See</th>
<th>At Home¹ or Traveling Overseas</th>
<th>Traveling in the U.S.</th>
</tr>
</thead>
</table>
| MTF or Civilian Provider | • May self-refer to any TRICARE-authorized provider for first 8 visits per beneficiary per FY²  
• Prior authorization **required** from PCM or TGRO Alarm Center for ninth and any subsequent visits  
• In Puerto Rico, contact Puerto Rico Call Center | • May self-refer to a TRICARE network provider for first 8 visits per beneficiary per FY²  
• Prior authorization from ValueOptions **required** for ninth and any subsequent visits |

1. **TOP Prime-enrolled ADFMs living in Canada who accompany their active duty sponsor should seek specialty care through their Canadian Forces Health Facility. If care is not available at the local facility, all care is provided by civilian providers or facilities.**

2. **POS charges may apply in your area for nonemergency care without appropriate authorization. Contact your local TSC or TAO for details. The FY is October 1–September 30.**
**U.S. TRICARE Standard ADFMs: Emergency Care**

**In Your Home Area or Traveling in the U.S.**
- Call 911 or go to the nearest emergency room.*

**While Traveling Overseas**
- Go to the nearest emergency care facility.*
- For assistance, contact the nearest MTF, TSC, TAO, U.S. Embassy or Consulate, or visit your TAO’s Web site.

*Prior authorizations are not required for emergency care. If admitted, work with the facility to obtain a prompt continued stay authorization from your regional contractor within 24–72 hours of the admission. TRICARE Extra is not available overseas. For care received overseas, you will pay TRICARE Standard cost-shares.

---

**U.S. TRICARE Standard ADFMs: Nonemergency Inpatient Admissions**

All nonemergency inpatient behavioral health care admissions require prior authorization from your regional contractor.

**U.S. TRICARE Standard ADFMs: Outpatient Care**

For your first eight outpatient behavioral health care visits per beneficiary per fiscal year (FY), prior authorization is not required. However, a physician referral is required for all visits to counselors who require physician supervision (e.g., behavioral health care counselors, licensed or certified mental health counselors, or pastoral counselors). For other outpatient services, prior authorization from your regional contractor may be required. See Figure 5.5 on the following page for additional details.
1. TRICARE Extra is not available overseas. For care received overseas, you will pay TRICARE Standard cost-shares.

2. Contact the nearest MTF, TSC, TAO, U.S. Embassy or Consulate, or visit your local TAO’s Web site to find a provider. The FY is October 1–September 30.

### TOP Standard ADFMs: Emergency Care*

**In TRICARE Eurasia-Africa**
- Go to the nearest emergency care facility.
- Contact local MTF, TSC, or TAO to find a provider.

**In TRICARE Latin America and Canada†**
- Go to the nearest emergency care facility.
- Contact ValueOptions to obtain prior authorization for inpatient admissions, partial hospitalization, and residential treatment center services in U.S. territories.

**In TRICARE Pacific**
- Go to the nearest emergency care facility.
- Contact your local TSC or TAO for assistance.

**While Traveling in the U.S.**
- Call 911 or go to the nearest emergency room.‡

* Prior authorizations are not required for emergency care. If admitted, work with the facility to obtain a prompt continued stay authorization from the TAO within 72 hours of the admission.
† In Guantanamo Bay, seek care from the U.S. Naval Hospital.
‡ Use your overseas residential address when receiving care or filing claims.
TOP Standard ADFMs: Nonemergency Inpatient Admissions

All nonemergency inpatient behavioral health care admissions require authorization within 72 hours of the admission from the TAO for overseas admissions (except in Puerto Rico) or from Value Options for admissions in the U.S. or Puerto Rico.

TOP Standard ADFMs: Outpatient Care

Prior authorization is not required for outpatient care. However, a physician referral is required for all visits to counselors who require physician supervision (e.g., behavioral health care counselors, licensed or certified mental health counselors, or pastoral counselors). Check with your local TSC or TAO for physician referral or authorization details. See Figure 5.6 for additional details.

<table>
<thead>
<tr>
<th>Who to See</th>
<th>At Home or Traveling Overseas</th>
<th>Traveling in the U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTF or Civilian Provider</td>
<td>• May self-refer to a host nation provider¹</td>
<td>• May self-refer to any TRICARE-authorized provider²</td>
</tr>
<tr>
<td>(MTF care is on a space-available basis)</td>
<td>• Prior authorization not required</td>
<td>• Prior authorization not required</td>
</tr>
</tbody>
</table>

1. Contact the nearest MTF, TSC, TAO, U.S. Embassy or Consulate, or visit your local TAO’s Web site to find a provider.
2. To find a provider, contact the nearest MTF or TSC or visit www.tricare.mil/findaprovider.
National Guard or Reserve Member or Family Member

Situation 1: I’m exhausted all the time. I sleep, but not enough, I guess. It’s really hard for me to follow what people are saying and I’m messing up at work. Maybe some sleeping pills will help me rest and then I’ll feel better.

Situation 2: The other day a car cut me off in the parking lot and Dad blew up! I didn’t know what to do when he charged out of the car, ran over to the other car, and started screaming at the driver through the window. Dad’s always been so cool and controlled. I was very scared. When he came back to our car, he kept saying everything’s okay. But is it?

There could be a number of reasons for severe exhaustion, and someone suffering from such a symptom shouldn’t try to diagnose what’s wrong or explain away the cause. Extreme and persistent fatigue could have a physical or emotional source. It’s a mistake to try and “treat” the symptoms on your own.

Overreactions to routine situations aren’t always expressed through anger. A person could laugh or cry at an entirely inappropriate moment. Such behavioral changes can be warning signs of emotional or physical distress. If you or someone you know is experiencing unusual feelings or behavior, discuss your concerns with a professional qualified to diagnose symptoms and help you work toward relieving them.

Activation Status Determines TRICARE Eligibility and Care Access

Pre-Activation Benefit

If you are issued delayed-effective-date active duty orders for more than 30 consecutive days in support of a contingency operation, you and your family may become eligible for TRICARE pre-activation benefits beginning on the date your orders were issued or 90 days before you report to active duty, whichever is later. If your orders are cancelled before you report for active duty, TRICARE coverage ends for you and your family on the date the orders are cancelled. If you are eligible for TRICARE pre-activation benefits, you have
access to the same benefits as an active duty service member (ADSM) and your eligible family members have access to the same benefits as active duty family members (ADFM). See the behavioral health care access guidelines under “Active Duty Service Member” and “Active Duty Family Member” respectively.

**During Activation**

You have access to the same benefits as an ADSM and should seek behavioral health care services from a military treatment facility (MTF) or similar military-operated health facility. For behavioral health care access guidelines during your activation period, see your program option under “Active Duty Service Member” earlier in this section.

**Your Family’s Eligibility**

Depending on the length of your activation, your family members may be eligible for ADFM benefits. Contact your service personnel office for details. For ADFM behavioral health care access guidelines, see “Active Duty Family Member.”

**When Deactivated**

Contact your service personnel office or visit the Guard and Reserve Web Portal at [https://www.dmdc.osd.mil/Guard-ReservePortal](https://www.dmdc.osd.mil/Guard-ReservePortal) to determine your eligibility for the following programs:

- **Transitional Assistance Management Program (TAMP):** Provides 180 days of coverage for you and your eligible family members beginning on your release from active duty date. Under TAMP, you may enroll in TRICARE Prime or TRICARE Overseas Program (TOP) Prime (*if you live overseas in a TRICARE Prime Service Area*). If you choose not to enroll in a TRICARE Prime option, you may be covered under TRICARE Standard and TRICARE Extra or TOP Standard (*if you live overseas*). If covered under TAMP, you and your family members are considered ADFMs during the TAMP-eligible period and should follow the guidelines for your program option under “Active Duty Family Member.”
• **Continued Health Care Benefit Program (CHCBP):** Once the TAMP period ends (or within 60 days of your separation date if you are not eligible for TAMP), you and your eligible family members can elect CHCBP coverage, which provides between 18 to 36 months (depending on eligibility) of purchased, premium-based health care coverage in 90-day increments. You must continue paying your monthly premiums to keep CHCBP coverage. CHCBP offers benefits similar to TRICARE Standard and TRICARE Extra.

CHCBP beneficiaries should follow the behavioral health care access guidelines in this “National Guard or Reserve Member or Family Member” section. For other CHCBP details, call 1-800-444-5445. **Note:** MTF care is available to CHCBP beneficiaries only in the event of an emergency.

• **TRICARE Reserve Select (TRS):** If you and your family members qualify, TRS provides coverage similar to TRICARE Standard and TRICARE Extra. You must pay monthly premiums to maintain TRS coverage. To apply online, visit the TRS Web site at [https://www.dmdc.osd.mil/appj/trs](https://www.dmdc.osd.mil/appj/trs). For details contact your regional contractor (U.S. beneficiaries) or ValueOptions (overseas beneficiaries). TRS beneficiaries should follow the behavioral health care access guidelines in this “National Guard or Reserve Member or Family Member” section.

**Note:** If you are a National Guard or Reserve member who was activated by federal orders and served on active duty, you may qualify for veteran status for Department of Veterans Affairs (VA) purposes. For details about your possible eligibility for VA benefits, contact your regional VA medical center. Visit [www.va.gov](http://www.va.gov) for locations. If you qualify for both VA and TRICARE benefits, you may seek care under either program.
Location Determines Care Access

Your program option and location determine your care access. The following guidelines are for TRICARE-eligible National Guard and Reserve members who are **not activated or covered under TAMP**. In this case, you and your eligible family members are covered under either:

- **CHCBP**: Available in the U.S. and overseas
- **TRS**: Available in the U.S. and overseas

Under both plans, you can see any TRICARE-authorized provider. However, you pay reduced costs when you see a TRICARE network provider, where available.

Getting Care, Referrals, and Authorizations

Use the following guidelines to access care depending on where you live or travel. **Note**: U.S. beneficiaries seeking care overseas should notify their regional contractor as soon as possible after returning to the U.S. Contact information referenced in this section is listed in the *For Information and Assistance* section.

**CHCBP and TRS Beneficiaries: Emergency Care**

**In the U.S.**

- Dial 911 or go to the nearest emergency room.*

**Overseas**

- Go to the nearest emergency care facility.*
- Contact the nearest TRICARE Service Center (TSC), TRICARE Area Office (TAO), U.S. Embassy or Consulate, or visit your local TAO’s Web site to find a provider.

* Prior authorizations are **not** required for emergency care. If admitted, work with the facility to obtain a prompt continued stay authorization from your regional contractor (U.S. beneficiaries) or the TAO (overseas beneficiaries) within 24–72 hours of the admission.
CHCBP and TRS Beneficiaries: Nonemergency Inpatient Admissions

All nonemergency inpatient behavioral health care admissions require prior authorization. Prior authorizations for admissions of U.S. TRS beneficiaries are issued by the regional contractor. Prior authorizations for admissions of overseas TRS beneficiaries and CHCBP beneficiaries are issued by ValueOptions.

CHCBP and TRS Beneficiaries: Outpatient Care

For your first eight outpatient behavioral health care visits per beneficiary per fiscal year (FY), prior authorization is not required. However, a physician referral is required for all visits to counselors who require physician supervision (e.g., behavioral health care counselors, licensed or certified mental health counselors, or pastoral counselors).

Prior authorizations for U.S. TRS beneficiaries seeking care in the U.S. or overseas are issued by the regional contractor. Prior authorizations for CHCBP beneficiaries (U.S. or overseas) are issued by ValueOptions. Prior authorizations may also be required for other outpatient services. Check with your regional contractor or your local TSC or TAO for details. See Figure 5.7 on the following page for additional outpatient care details.
**CHCBP and TRS Beneficiaries: Outpatient Care**

<table>
<thead>
<tr>
<th>Who to See</th>
<th>In the U.S.</th>
<th>Overseas</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTF(^1) or</td>
<td>• May self-refer to any TRICARE-authorized provider per beneficiary per FY for first 8 visits(^2)</td>
<td>• May self-refer to a host nation provider per beneficiary per FY for first 8 visits(^2,3)</td>
</tr>
<tr>
<td>Civilian</td>
<td>• Prior authorization <strong>required</strong> for ninth and any subsequent visits</td>
<td>• Prior authorization <strong>required</strong> for ninth and any subsequent visits(^3)</td>
</tr>
<tr>
<td>Provider</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. MTF outpatient care is **not** available to CHCBP beneficiaries.
2. The FY is October 1–September 30. Contact the nearest MTF, TSC, TAO, U.S. Embassy or Consulate, or visit your local TAO’s Web site to find a provider.
3. TRS beneficiaries residing overseas do **not** require prior authorizations for outpatient care.
Retired Service Member or Family Member

**Situation 1:** My wife has been feeling a little down, but now she doesn’t want to get out of bed in the morning. I have to coax her to get up. She used to take such good care of herself. And me. Now she doesn’t even care about her appearance. Something’s definitely wrong.

**Situation 2:** Ever since I retired, I feel out of place. Does what I do matter anymore?

Everyone gets down in the dumps now and then. Even life changes can cause stress, anxiety, or depression, which is normal. But when the “blues” persist and start limiting a person’s ability to function normally, it could be a sign of a more serious condition that requires professional assistance.

**Program Option and Location Determine Care Access**

As a retired service member or retiree family member, you may be covered by one of the following programs:

- **TRICARE Prime:** Available in many areas in the U.S.
- **TRICARE Standard and TRICARE Extra:** Available in the U.S.
- **TRICARE Overseas Program (TOP) Standard:** Available overseas

**Note:** If you are a service member who separated or was released (*but did not retire*) from active duty service due to a disease or disability connected to your military service, you may also be eligible for Department of Veterans Affairs (VA) benefits in addition to your TRICARE benefits. If eligible, you can receive care under either program. For VA benefit eligibility details, contact your regional VA medical center.

If you or a TRICARE-eligible family member is also eligible for Medicare benefits, see “Medicare-Eligible TRICARE Beneficiary” later in this section for care access guidelines.
Getting Care, Referrals, and Authorizations

Use the following guidelines, listed by program option, to access care depending on where you live or travel. Prior authorization is required for certain services. For prior authorization details for your area, contact your regional contractor, TRICARE Service Center (TSC), or TRICARE Area Office (TAO). If you are enrolled in TRICARE Prime, follow the rules of your program to avoid point of service (POS) fees. For details, visit www.tricare.mil.

Note: U.S. beneficiaries seeking care overseas should notify their regional contractor as soon as possible. Contact information referenced in this section is listed in the For Information and Assistance section.

U.S. TRICARE Prime Retirees and Families: Emergency Care*

In Your Home Area or Traveling in the U.S.
- Dial 911 or go to the nearest emergency room.

While Traveling Overseas
- Go to the nearest emergency care facility.†

* Referrals or prior authorizations are not required for emergency care. Contact your primary care manager (PCM) within 24 hours or the next business day. If admitted, work with the facility to obtain a prompt continued stay from your regional contractor within 24–72 hours of the admission.

† Contact the nearest military treatment facility (MTF), TRICARE Service Center (TSC), TRICARE Area Office (TAO), U.S. Embassy or Consulate, or visit your local TAO’s Web site to find a provider.

U.S. TRICARE Prime Retirees and Families: Nonemergency Inpatient Admissions

All nonemergency inpatient behavioral health care admissions require prior authorization from your regional contractor.
U.S. TRICARE Prime Retirees and Families: Outpatient Care

For your first eight outpatient behavioral health care visits per beneficiary per fiscal year (FY), referrals from your PCM are not required. However, a PCM or physician referral is required for all visits to counselors who require physician supervision (e.g., behavioral health care counselors, licensed or certified mental health counselors, or pastoral counselors). Prior authorization from your regional contractor may be required for other outpatient services. See Figure 5.8 for additional details.

U.S. TRICARE Prime Retirees and Families: Outpatient Care

<table>
<thead>
<tr>
<th>Who to See</th>
<th>At Home or Traveling in the U.S.</th>
<th>Traveling Overseas</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTF or Civilian Provider</td>
<td>• May self-refer to a TRICARE network provider for first 8 visits per beneficiary per FY(^1,2) • Prior authorization from regional contractor required for ninth and any subsequent visits</td>
<td>• May self-refer to a host nation provider for first 8 visits per beneficiary per FY(^1,2) • Prior authorization from regional contractor <strong>required</strong> for ninth and any subsequent visits</td>
</tr>
</tbody>
</table>

1. The FY is October 1–September 30. Contact the nearest MTF, TSC, TAO, U.S. Embassy or Consulate, or visit your local TAO’s Web site to find a provider.
2. While traveling, routine care is not authorized and POS charges may apply. Contact your PCM or regional contractor when seeking care out of your home area.
U.S. TRICARE Standard Retirees and Families: Emergency Care*

In Your Home Area or Traveling in the U.S.
• Call 911 or go to the nearest emergency room.

While Traveling Overseas†
• Go to the nearest emergency care facility.
• Contact the nearest military treatment facility (MTF), TRICARE Service Center (TSC), TRICARE Area Office (TAO), U.S. Embassy or Consulate, or visit your local TAO’s Web site to find a provider.

* Prior authorizations are not required for emergency care. If admitted, work with the facility to obtain a prompt continued stay authorization from your regional contractor within 24–72 hours of the admission.
† TRICARE Extra is not available overseas. For care received overseas, you will pay TRICARE Standard cost-shares.

U.S. TRICARE Standard Retirees and Families: Nonemergency Inpatient Admissions

All nonemergency inpatient behavioral health care admissions require prior authorization from your regional contractor.

U.S. TRICARE Standard Retirees and Families: Outpatient Care

For your first eight outpatient behavioral health care visits per beneficiary per fiscal year (FY), prior authorization is not required. However, a physician referral is required for all visits to counselors who require physician supervision (e.g., behavioral health care counselors, licensed or certified mental health counselors, or pastoral counselors). Prior authorization from your regional contractor may be required for other outpatient services. See Figure 5.9 on the following page for additional details.
1. TRICARE Extra is **not** available overseas. For care received overseas, you will pay TRICARE Standard cost-shares.

2. The FY is October 1–September 30. Contact the nearest MTF, TSC, TAO, U.S. Embassy or Consulate, or visit your local TAO’s Web site to find a provider.

---

**TOP Standard Retirees and Families: Emergency Care**

* Prior authorizations are **not** required for emergency care. If admitted, work with the facility to obtain a prompt continued stay authorization from your local TRICARE Service Center (TSC) or TRICARE Area Office (TAO) within 72 hours of the admission.

† Contact your local military treatment facility (MTF), TSC, or TAO to find a provider.

---

### Who to See At Home or Traveling in the U.S. | Traveling Overseas
--- | ---
MTF or Civilian Provider (MTF care is on a space-available basis) | • May self-refer to any TRICARE-authorized provider for first 8 visits per beneficiary per FY
• Prior authorization from regional contractor **required** for ninth and any subsequent visits | • May self-refer to a host nation provider for first 8 visits per beneficiary per FY
• Prior authorization from regional contractor **required** for ninth and any subsequent visits

---

*In TRICARE Eurasia-Africa*  
• Go to the nearest emergency care facility.†

*In TRICARE Latin America and Canada*  
• Go to the nearest emergency care facility.†  
• **In Guantanamo Bay:** Seek care from the U.S. Naval Hospital.

*In TRICARE Pacific*  
• Go to the nearest emergency care facility.

*While Traveling in the U.S.*  
• Call 911 or go to the nearest emergency room.
• Use your overseas residential address when receiving care or filing claims.
**TOP Standard Retirees and Families: Nonemergency Inpatient Admissions**

All nonemergency inpatient behavioral health care admissions require authorization within 72 hours of the admission. The TAO issues authorizations for overseas admissions. ValueOptions issues authorizations for U.S. admissions (includes partial hospitalization and residential treatment centers, where available).

**TOP Standard Retirees and Families: Outpatient Care**

Prior authorization is **not** required for outpatient care. However, a physician referral **is required for all visits** to counselors who require physician supervision (e.g., behavioral health care counselors, licensed or certified mental health counselors, or pastoral counselors). See Figure 5.10 for additional details.

---

### TOP Standard Retirees and Families: Outpatient Care  
Figure 5.10

<table>
<thead>
<tr>
<th>Who to See</th>
<th>At Home or Traveling Overseas</th>
<th>Traveling in the U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTF or Civilian Provider</td>
<td>• May self-refer to a host nation provider&lt;sup&gt;1&lt;/sup&gt;</td>
<td>• May self-refer to any TRICARE-authorized provider&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>(MTF care is on a space-available basis)</td>
<td>• Prior authorization <strong>not</strong> required</td>
<td>• Prior authorization <strong>not</strong> required</td>
</tr>
</tbody>
</table>

<sup>1. Contact the nearest MTF, TSC, TAO, U.S. Embassy or Consulate, or visit your local TAO’s Web site to find a provider. The FY is October 1–September 30.</sup>
Medicare-Eligible TRICARE Beneficiary

**Situation:** What good am I to anyone stuck in this wheelchair? I’m so dependent on my daughter. Wouldn’t she be better off without this burden?

Dealing with a disability or the weakness that often comes with age can take its toll on the person suffering from the affliction, their family members, and caregivers. If you or a family member experiences feelings of hopelessness, worthlessness, or lose the ability to cope with daily frustrations and setbacks, help is available. Talk to your family physician. He or she may be able to assist or refer you to a behavioral health care provider.

**In the U.S. and its territories:** In these locations, Medicare is your primary insurer and you must follow Medicare guidelines for accessing care. TRICARE For Life (TFL) is your secondary insurer, unless you have other health insurance (OHI). If you have OHI, TRICARE pays after both Medicare and the OHI.

When Medicare is the primary payer for outpatient or inpatient behavioral health care services, TRICARE does not require referrals or prior authorizations. However, if TRICARE becomes the primary payer (e.g., Medicare benefits are exhausted, Medicare is unavailable, services or providers are not covered by Medicare), TRICARE’s prior authorization rules apply. Visit www.tricare.mil/tfl for details.

**Note:** When filing claims, file them with the TFL claims processor, Wisconsin Physicians Service (WPS). For contact information, see Figure 7.6 in the For Information and Assistance section.

**Outside the U.S. and its territories:** Even though you are a Medicare-eligible beneficiary, Medicare does not pay for services in these locations. Unless you have OHI, TRICARE is the primary payer under TFL, and you are responsible for the same annual deductible and cost-shares as a TRICARE Standard retiree.

* The U.S. territories are American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands.
Note: If a private insurance company handles your Medicare plan (e.g., Medicare advantage plan), or if you have OHI, contact that carrier for details. Contact information referenced in this section can be found in the For Information and Assistance section.

Getting Care and Authorizations

U.S. TFL Beneficiaries: Emergency Care*

In Your Home Area or Traveling in the U.S.†

• Call 911 or go to the nearest emergency room.

While Traveling Overseas

• Go to the nearest emergency care facility.
• Contact the nearest military treatment facility (MTF), TRICARE Service Center (TSC), TRICARE Area Office (TAO), or U.S. Embassy or Consulate to find a provider.

* Prior authorizations are not required by TRICARE for emergency care. However, if you are admitted and when TRICARE is the primary payer, work with the facility to obtain a prompt continued stay authorization from your regional contractor within 24–72 hours of the admission.

† Includes care received in U.S. territories.

U.S. TFL Beneficiaries: Nonemergency Inpatient Admissions

When TRICARE is your primary insurer, all nonemergency inpatient behavioral health care admissions overseas or in the U.S. and its territories require prior authorization from your regional contractor (includes partial hospitalization and residential treatment center services, where available).
**U.S. TFL Beneficiaries: Outpatient Care**

When Medicare is the primary payer, TRICARE does **not** require prior authorization for outpatient care.

However when TRICARE is the primary payer:

- Prior authorization is **not** required for the first eight outpatient behavioral health care visits per beneficiary per fiscal year (FY).
- A physician referral is **required for all visits** to counselors who require physician supervision (e.g., behavioral health care counselors, licensed or certified mental health counselors, or pastoral counselors).
- Prior authorization is **required** for any visits beyond the first eight self-referred outpatient behavioral health care visits per beneficiary per FY.

Prior authorization from your regional contractor may be required for other outpatient services received. See Figure 5.11 for additional details.

---

**Who to See**

<table>
<thead>
<tr>
<th>At Home or Traveling in the U.S. or in U.S. Territories</th>
<th>Traveling Overseas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Civilian Provider</strong></td>
<td></td>
</tr>
<tr>
<td>• Medicare is your primary payer</td>
<td>• May self-refer to a host nation provider for first 8 visits per beneficiary per FY¹</td>
</tr>
<tr>
<td>• Refer to Medicare guidelines</td>
<td>• Prior authorizations <strong>required</strong> from regional contractor for ninth and any subsequent visits</td>
</tr>
<tr>
<td>• Seek care from any Medicare-participating or nonparticipating provider</td>
<td>• File claims directly with WPS</td>
</tr>
<tr>
<td>• Prior authorizations <strong>not</strong> required from regional contractor unless TRICARE pays first</td>
<td></td>
</tr>
</tbody>
</table>

---

¹ The FY is October 1–September 30. Contact the nearest MTF, TSC, TAO, or the nearest U.S. Embassy or Consulate to find a provider.
**Overseas TFL Beneficiaries: Emergency Care**

*In TRICARE Eurasia-Africa*
- Go to the nearest emergency care facility.
- If unable to receive care, contact the local MTF or TRICARE Area Office (TAO) Eurasia-Africa for referral to a U.S. behavioral health care facility.

*In TRICARE Latin America and Canada*
- Go to the nearest emergency care facility.†
- If unable to receive care in Puerto Rico, ValueOptions may refer you to a U.S. behavioral health care facility.

*In TRICARE Pacific*
- Go to the nearest emergency care facility.†

**Traveling in the U.S.**
- Call 911 or go to the nearest emergency room.
- Medicare becomes your primary insurer. Use your overseas address when receiving care or filing claims.

* Prior authorization for emergency care is only required by TRICARE when admitted or for continued stay and if TRICARE is the primary payer. File claims for care received with WPS.
† To find a provider, contact your local TRICARE Service Center (TSC) or TAO.

**Overseas TFL Beneficiaries: Nonemergency Inpatient Admissions**

When TRICARE is your primary insurer, all nonemergency inpatient behavioral health care admissions require authorization from your TAO within 72 hours of the admission (includes partial hospitalization and residential treatment center services, where available).
**Overseas TFL Beneficiaries: Outpatient Care**

When Medicare is the primary payer, TRICARE does **not** require prior authorization for outpatient care.

When TRICARE is the primary payer, prior authorization is not required; however, a physician referral **is required for all visits** to counselors who require physician supervision (e.g., behavioral health care counselors, licensed or certified mental health counselors, or pastoral counselors). See Figure 5.12 for additional outpatient care details.

---

**Overseas TFL Beneficiaries: Outpatient Care**  
*Figure 5.12*

<table>
<thead>
<tr>
<th>Who to See</th>
<th>At Home or Traveling Overseas</th>
<th>Traveling in the U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Civilian Provider</strong></td>
<td>• Prior authorization <strong>not</strong></td>
<td>• Seek care from any Medicare-participating or nonparticipating provider</td>
</tr>
<tr>
<td></td>
<td>required</td>
<td>• Contact nearest TSC, TAO, or U.S. Embassy or Consulate to find a provider</td>
</tr>
<tr>
<td></td>
<td>• Contact nearest TSC, TAO, or U.S. Embassy or Consulate to find a provider</td>
<td>• Refer to Medicare guidelines</td>
</tr>
</tbody>
</table>
Your Right to Privacy

Medical Records and Privacy

TRICARE takes the responsibility of protecting your medical records seriously. Your medical records may be paper records stored at a military treatment facility (MTF) or the office of a TRICARE-authorized or US Family Health Plan provider. Or they may be electronic records stored in the Military Health System’s database. No matter where your records are located, the use and disclosure of medical information is regulated by TRICARE policy and the Health Insurance Portability and Accountability Act (HIPAA).

Each MTF has a designated privacy officer to answer questions you may have about your patient rights and to ensure that health care information remains private, but available to you and your provider. Keep in mind that if you see civilian TRICARE network providers outside of the MTF, they may have their own privacy practices. It is important to carefully read any information about privacy practices.

If you think your privacy rights have been violated, you may submit a written complaint to your MTF, TRICARE Management Activity (TMA) Privacy Officer, or regional contractor.

HIPAA and Privacy

In 1996, Congress enacted HIPAA to combat fraud and abuse, improve portability of health insurance coverage, and simplify health care administration. All military and civilian health care plans and providers who electronically conduct certain financial and administrative transactions must comply with HIPAA.

To learn more about your privacy rights under HIPAA, visit www.tricare.mil/hipaa. Questions regarding HIPAA issues may be sent to Privacymail@tma.osd.mil.
Release of Records and Personal Health Information

Upon request, your provider will give you a copy of your medical records. You may be asked to give identifying information, such as your date of birth, Social Security number, or photo identification, for your protection.

If you would like someone else to have a copy of, or access to, your medical records, you will need to complete and submit a form authorizing any person whom you designate to have access to your information. These forms vary by region. Contact your regional contractor or TRICARE Area Office (TAO) for details.

Your authorization is required for any use or disclosure of your health information, except when required to carry out treatment, payment, health care operations, fitness-for-duty determinations, or any other circumstances considered appropriate and necessary as outlined in the Military Health System Notice of Privacy Practices and in compliance with HIPAA privacy and security rules. To download a copy of the Military Health System Notice of Privacy Practices, visit www.tricare.mil/mybenefit/home/Medical/RecordsAndPrivacy.

Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act of 1992

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act of 1992 places specific requirements upon federal agencies for the confidentiality and disclosure of records containing the identity, diagnosis, prognosis, or treatment of any beneficiary in connection with a substance abuse, alcoholism, or alcohol abuse program.

TRICARE contractors establish and maintain procedures and controls for the purpose of assuring the confidentiality of beneficiary records. Disclosure of information contained within contractor records is only provided in accordance with Department of Defense (DoD) privacy regulations.
For Information and Assistance

TRICARE in Your Region

The TRICARE program is managed in four regions—three U.S. regions and one overseas region divided into three areas.

U.S. Regions

TRICARE regional contractors can assist you with enrollment, referral and authorization guidelines, claims processing, and customer service details. For states served in each region, visit www.tricare.mil/mybenefit. Figure 7.1 on the following page lists U.S. regional contractor contact information.

Note: TRICARE beneficiaries enrolled in the US Family Health Plan (USFHP) should follow USFHP guidelines for accessing care. Call 1-800-74-USFHP (1-800-748-7347) or visit www.usfamilyhealthplan.org for details.
### TRICARE Regional Contractors

<table>
<thead>
<tr>
<th>U.S. Region</th>
<th>Regional Contractor</th>
</tr>
</thead>
</table>
| **TRICARE North Region** | Health Net Federal Services, LLC  
• Behavioral Health Care Provider Locator and Appointment Assistance Line: 1-877-747-9579  
  *(8 a.m.–6 p.m. Eastern Time)*  
• General information: 1-877-TRICARE  
  *(1-877-874-2273)*  
• TRICARE Reserve Select: 1-800-555-2605  
• www.healthnetfederalservices.com |
| **TRICARE South Region** | Humana Military Healthcare Services, Inc.  
• Behavioral Health Care Provider Locator and Appointment Assistance Line: 1-877-298-3514  
  *(8 a.m.–7 p.m. Eastern Time)*  
• General information and Continued Health Care Benefit Program (CHCBP): 1-800-444-5445  
• Active duty programs: 1-877-249-9179  
• National Guard and Reserve: 1-877-298-3408  
• Warrior Navigation and Assistance Program: 1-888-4GO-WNAP (1-888-446-9627)  
• www.humana-military.com |
| **TRICARE West Region** | TriWest Healthcare Alliance Corp.  
• Behavioral Health Care Provider Locator and Appointment Assistance Line: 1-866-651-4970  
  *(8 a.m.–6 p.m. in all West region time zones)*  
• Behavioral Health Contact Center: 1-888-TRIWEST (1-888-874-9378)  
• General information: 1-888-TRIWEST (1-888-874-9378)  
• TriWest Behavioral Health Crisis Line: 1-866-284-3743  
• www.triwest.com |

1. This service is available only to active duty service members (ADSMs) and active duty family members (ADFMs) enrolled in a TRICARE Prime option.  
   **Note:** ADSMs must have a military treatment facility primary care manager referral or Military Medical Support Office service point of contact authorization before calling these lines.
Overseas Region

The TRICARE overseas region is divided into three areas: TRICARE Eurasia-Africa, TRICARE Latin America and Canada (TLAC), and TRICARE Pacific.

Except in Puerto Rico, regional contractors are not available to assist you in overseas areas. Instead, contact the local military treatment facility (MTF), TRICARE Area Office (TAO), or TRICARE Global Remote Overseas (TGRO) Alarm Center (if eligible) for assistance. In Puerto Rico, contact the Puerto Rico Call Center. See Figures 7.2, 7.3, and 7.4 for these contacts.

**TRICARE Area Offices (TAOs)**

<table>
<thead>
<tr>
<th>TRICARE Eurasia-Africa</th>
<th>TAO—Eurasia-Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Europe, Africa, and the Middle East)</td>
<td>Stateside: 1-888-777-8343, option 1</td>
</tr>
<tr>
<td></td>
<td>Commercial: 011-49-6302-67-7433/7434</td>
</tr>
<tr>
<td></td>
<td>DSN: 496-7433/7434</td>
</tr>
<tr>
<td></td>
<td>E-Mail: <a href="mailto:teoweb@europe.tricare.osd.mil">teoweb@europe.tricare.osd.mil</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.tricare.mil/eurasiaafrica">www.tricare.mil/eurasiaafrica</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRICARE Latin America and Canada</th>
<th>TAO—TLAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Central and South America, the Caribbean Basin, Canada, Puerto Rico, and the Virgin Islands)</td>
<td>Stateside: 1-888-777-8343, option 3</td>
</tr>
<tr>
<td></td>
<td>Commercial: 1-706-787-2424</td>
</tr>
<tr>
<td></td>
<td>DSN: 773-2424</td>
</tr>
<tr>
<td></td>
<td>E-Mail: <a href="mailto:taolac@tma.osd.mil">taolac@tma.osd.mil</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.tricare.mil/tlac">www.tricare.mil/tlac</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRICARE Pacific</th>
<th>TAO—Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Australia, Guam, Japan, Korea, New Zealand, and Western Pacific remote countries)</td>
<td>Stateside: 1-888-777-8343, option 4</td>
</tr>
<tr>
<td></td>
<td>Commercial: 011-81-6117-43-2036</td>
</tr>
<tr>
<td></td>
<td>DSN: 643-2036</td>
</tr>
<tr>
<td></td>
<td>E-Mail: <a href="mailto:TPAO.CSC@med.navy.mil">TPAO.CSC@med.navy.mil</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.tricare.mil/pacific">www.tricare.mil/pacific</a></td>
</tr>
</tbody>
</table>
# TRICARE Global Remote Overseas (TGRO) Alarm Centers

<table>
<thead>
<tr>
<th>Eurasia-Africa TGRO Alarm Center</th>
<th>Commercial: 011-44-20-8762-8133</th>
<th>E-Mail: <a href="mailto:tricarelon@internationalsos.com">tricarelon@internationalsos.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>TLAC TGRO Alarm Center</td>
<td>Stateside: 1-800-834-5514</td>
<td>E-Mail: <a href="mailto:tricarephl@internationalsos.com">tricarephl@internationalsos.com</a></td>
</tr>
<tr>
<td>Pacific TGRO Alarm Centers</td>
<td>Singapore</td>
<td></td>
</tr>
<tr>
<td>Singapore</td>
<td>Commercial: 011-65-6-338-9277</td>
<td>E-Mail: <a href="mailto:sin.tricare@internationalsos.com">sin.tricare@internationalsos.com</a></td>
</tr>
<tr>
<td>Sydney</td>
<td>Commercial: 011-61-2-9273-2760</td>
<td>E-Mail: <a href="mailto:sydtricare@internationalsos.com">sydtricare@internationalsos.com</a></td>
</tr>
</tbody>
</table>

# Other Overseas Contacts

<table>
<thead>
<tr>
<th>Canadian Forces Health Facility Locator</th>
<th><a href="http://www.tricare.mil/tlac/canada_cfhf.cfm">www.tricare.mil/tlac/canada_cfhf.cfm</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Puerto Rico Call Center</td>
<td>Stateside: 1-800-700-7104</td>
</tr>
<tr>
<td>U.S. Naval Hospital, Guantanamo Bay</td>
<td>Commercial: 011-53-99-72110 or 011-53-99-72360</td>
</tr>
</tbody>
</table>

# Additional Resources and Contacts

Figures 7.5 and 7.6 list additional resources to assist you.

# Military Medical Support Office Service Points of Contact

<table>
<thead>
<tr>
<th>Army, Air Force, Navy, Marine Corps</th>
<th>1-888-MHS-MMSO (1-888-647-6676)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coast Guard</td>
<td>1-888-MHS-MMSO (1-888-647-6676)</td>
</tr>
<tr>
<td></td>
<td>1-800-9HBA-HBA (1-800-942-2422)</td>
</tr>
<tr>
<td>National Oceanic and Atmospheric Administration</td>
<td>1-800-662-2267</td>
</tr>
<tr>
<td>U.S. Public Health Service</td>
<td>1-800-368-2777, option 2</td>
</tr>
</tbody>
</table>
**Other Helpful Resources**

<table>
<thead>
<tr>
<th>Resource</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary Web Enrollment (BWE)</td>
<td><a href="https://www.dmdc.osd.mil/appj/bwe/">https://www.dmdc.osd.mil/appj/bwe/</a></td>
</tr>
<tr>
<td>Defense Enrollment Eligibility Reporting System (DEERS)</td>
<td><a href="https://www.tricare.mil/deers">www.tricare.mil/deers</a></td>
</tr>
<tr>
<td>Guard and Reserve Web Portal</td>
<td><a href="https://Guard-ReservePortal">https://www.dmdc.osd.mil/Guard-ReservePortal</a></td>
</tr>
<tr>
<td>MTF Locator</td>
<td><a href="https://www.tricare.mil/mtf">www.tricare.mil/mtf</a></td>
</tr>
<tr>
<td>TRICARE Web Site</td>
<td><a href="https://www.tricare.mil">www.tricare.mil</a></td>
</tr>
<tr>
<td>U.S. Embassy or Consulate Locator</td>
<td><a href="https://www.usembassy.gov">www.usembassy.gov</a></td>
</tr>
<tr>
<td>US Family Health Plan (USFHP)</td>
<td>Stateside: 1-800-748-7347, <a href="https://www.usfamilyhealthplan.org">www.usfamilyhealthplan.org</a></td>
</tr>
<tr>
<td>ValueOptions</td>
<td>Stateside: 1-800-700-8646</td>
</tr>
</tbody>
</table>
Other Behavioral Health Resources

Defense and Veterans Brain Injury Center: Collaborates with the Department of Defense, the Department of Veterans Affairs, and civilian partners to serve active duty service members (ADSMs) and veterans with traumatic brain injury (TBI). To learn more, visit www.dvbic.org, call 1-800-870-9244, or send an e-mail to info@dvbic.org.

Department of Veterans Affairs (VA): Offers enhanced enrollment benefits and a full range of VA health care services to eligible veterans (including Operation Enduring Freedom and Operation Iraqi Freedom veterans) for five years after discharge from the military. Contact your regional VA medical center for further details or visit www.va.gov.

Mental Health Self-Assessment Program: Provides free, voluntary, and anonymous online and telephone self-assessments. Once the assessment is completed, information on where to go for a full evaluation is provided. Also available is the educational video, A Different Kind of Courage: Safeguarding and Enhancing Your Psychological Health. For more information, visit www.mentalhealthscreening.org/military or call 1-877-877-3647.

Military & Family Life Consultants (MFLCs): Support ADSMs, National Guard and Reserve members, and their families by providing direct, face-to-face, non-medical counseling and education regarding daily life stressors related to deployment and reintegration. MFLCs address concerns of stress, relationships, family problems, financial issues, grief and loss, conflict resolution, and the emotional challenges of transitioning from combat back to civilian life. For more information, visit www.mhngs.com or call 1-800-646-5613.

Military OneSource: Offers up to six, cost-free, confidential counseling sessions to eligible military personnel and their family members. Counseling is available in person or by phone and addresses short-term issues, such as grief and loss, deployment
adjustment, work/life management, and combat stress. Visit www.militaryonesource.com or call 1-800-342-9647.

Note for ADSMs: Receiving a referral from a Military OneSource consultant to a Military OneSource counselor is not the same as being referred by your primary care manager (PCM) or obtaining approval from your MMSO service point of contact. Notify your PCM before seeking civilian behavioral health care.

Recommended Reading List

Books for Children

• Love, Lizzie: Letters to a Military Mom by Lisa Tucker McElroy
• My Life—A kid’s journal available on the Health Net Web site at www.healthnetfederalservices.com
• The Kissing Hand by Audrey Penn
• We Serve Too! A Child’s Deployment Book by Kathleen Edlick
• When Dad’s at Sea by Mindy Pelton

Deployment Materials

• Helping Children Cope During Deployment by Uniformed Services University of the Health Sciences
• Single Parenting While Your Partner Is Deployed by Ceridian Corporation
• Support the Child Whose Military Parent Is Deploying: Tips for Parents by Dr. Thomas Hardaway
Online Behavioral Health Resources

- **Air Force Crossroads**: Online community network offering a broad range of information and services. Visit [www.afcrossroads.com](http://www.afcrossroads.com).

- **Deploymentkids.com**: Activities for kids during a parent’s deployment. Visit [www.deploymentkids.com](http://www.deploymentkids.com).

- **Military.com**: Offers information regarding deployments, pay, benefits, and more. Visit [www.military.com](http://www.military.com).

- **Military Child Education Coalition**: Information for parents, teachers, and counselors, plus resources that provide support for children during deployment. Visit [www.militarychild.org](http://www.militarychild.org).

- **National Guard Family Program**: Facilitates education, outreach services, and partnerships to enhance quality of life for National Guard members and their families and communities. Visit [www.guardfamily.org](http://www.guardfamily.org).

- **National Military Family Association**: Information about deployments and stress. Click on *Deployment and You* at [www.nmfa.org](http://www.nmfa.org).

- **Operation Healthy Reunions**: Provides education and helps combat the stigma of behavioral health issues among service members, their families, and medical staff. Visit [www.nmha.org/reunions](http://www.nmha.org/reunions).

- **Our Survivors**: U.S. Army resource for survivors of deceased service members providing a variety of behavioral health resources. Also offers a “Guide for Families of Fallen Soldiers.” Visit [www.armyfamiliesonline.org](http://www.armyfamiliesonline.org).

- **Reserve Component Resource Center**: Information about the resources available to help National Guard and Reserve families while members are on active duty. Visit [www.pdhealth.mil/reservist/families.asp](http://www.pdhealth.mil/reservist/families.asp).

- **Sesame Workshop®**: Bilingual multimedia outreach program, created by Sesame Street®, designed to support military families with children between the ages of 2 and 5 affected by deployments. Visit [www.sesameworkshop.org/tlc](http://www.sesameworkshop.org/tlc).

• Tragedy Assistance Program (TAPS) for Survivors: Offers peer support and assistance to survivors of deceased military service members through a wide variety of programs. Visit www.taps.org for more information.


• Warriorcare.mil: A range of online resources to assist service members and their families. Visit www.warriorcare.mil.

• Zero to Three®: Information about the deployment cycle and what to expect. Visit www.zerotothree.org.
Acronyms

ADFM  Active Duty Family Member
ADHD  Attention Deficit Hyperactivity Disorder
ADSM  Active Duty Service Member
BCAC  Beneficiary Counseling and Assistance Coordinator
CHCBP Continued Health Care Benefit Program
CMFT  Certified Marriage and Family Therapist
DCAO  Debt Collection Assistance Officer
DEERS Defense Enrollment Eligibility Reporting System
DoD  Department of Defense
ECT  Electroconvulsive Therapy
FY  Fiscal Year
HIPAA  Health Insurance Portability and Accountability Act of 1996
LOD  Line of Duty
MMSO  Military Medical Support Office
MTF  Military Treatment Facility
OHI  Other Health Insurance
PCM  Primary Care Manager
PHP  Partial Hospitalization Program
POS  Point of Service
PSA  Prime Service Area
PTSD  Post-Traumatic Stress Disorder
RTC  Residential Treatment Center
SPOC  Service Point of Contact
SUDRF Substance Use Disorder Rehabilitation Facility
TAMP  Transitional Assistance Management Program
TAO  TRICARE Area Office
TBI  Traumatic Brain Injury
TFL  TRICARE For Life
TGRO  TRICARE Global Remote Overseas
TLAC  TRICARE Latin America and Canada
TMA  TRICARE Management Activity
TOP  TRICARE Overseas Program
TPR  TRICARE Prime Remote
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TPRADFM</td>
<td>TRICARE Prime Remote for Active Duty Family Members</td>
</tr>
<tr>
<td>TRIAP</td>
<td>TRICARE Assistance Program</td>
</tr>
<tr>
<td>TRS</td>
<td>TRICARE Reserve Select</td>
</tr>
<tr>
<td>TSC</td>
<td>TRICARE Service Center</td>
</tr>
<tr>
<td>U.S.</td>
<td>United States</td>
</tr>
<tr>
<td>USFHP</td>
<td>US Family Health Plan</td>
</tr>
<tr>
<td>VA</td>
<td>Department of Veterans Affairs</td>
</tr>
<tr>
<td>WPS</td>
<td>Wisconsin Physicians Service</td>
</tr>
</tbody>
</table>
Glossary

Authorization
Authorizations must be obtained prior to certain services being rendered or within 24 hours of an emergency admission. Failure to obtain an authorization when required may result in a denial of payment for those services.

Beneficiary
A beneficiary is a person who is eligible for TRICARE benefits. Beneficiaries include active duty family members (ADFM) and retired service members and their families. Family members include spouses and unmarried natural children or stepchildren up to the age of 21 (or 23 if full-time students at accredited institutions of learning). See www.tricare.mil for other eligible beneficiary categories.

Continued Health Care Benefit Program (CHCBP)
A premium-based health care program you may purchase after the loss of TRICARE eligibility if you qualify. The CHCBP offers temporary transitional health coverage and must be purchased within 60 days after TRICARE eligibility ends.

Cost-Share
A cost-share is the percentage or portion of costs that the beneficiary will pay for inpatient or outpatient care.

Deductible
The annual amount a beneficiary must pay for covered outpatient benefits before TRICARE begins to share costs.

Defense Enrollment Eligibility Reporting System (DEERS)
A database of uniformed services members (sponsors), family members, and others worldwide who are entitled under law to military benefits, including TRICARE. Beneficiaries are required to keep DEERS updated. DEERS is the official system of record for TRICARE eligibility. See www.tricare.mil/deers for more information.
**Designated Provider**
Under the US Family Health Plan (USFHP), designated providers (DPs), formerly known as uniformed services treatment facilities, are selected civilian medical facilities around the U.S. assigned to provide care to eligible USFHP beneficiaries—including those who are age 65 and older—who live within the DP area. At these DPs, the USFHP provides TRICARE Prime benefits and cost-shares for eligible persons who enroll in USFHP, including those who are Medicare eligible.

**Enrollee**
A TRICARE beneficiary who has elected to enroll in a TRICARE program option (e.g., TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program Prime).

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)**
HIPAA was introduced to improve portability and continuity of health insurance coverage in the group and individual markets; to combat waste, fraud, and abuse in health insurance and health care delivery; to promote the use of medical savings accounts; to improve access to long-term care services and coverage; to simplify the administration of health insurance; and for other purposes such as privacy.

**Military Treatment Facility (MTF)**
A medical facility operated by the military (e.g., hospital, clinic).

**National Guard and Reserve**
The National Guard and Reserve includes the Army National Guard, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air National Guard, the Air Force Reserve, and the Coast Guard Reserve.
Network Provider
A network provider is a professional or institutional provider who has a contractual relationship with the regional contractor to provide care at a contracted rate. A network provider agrees to file claims and handle other paperwork for TRICARE beneficiaries, and typically administers care to TRICARE Prime beneficiaries and those TRICARE Standard beneficiaries using TRICARE Extra. A network provider accepts the rate TRICARE allows (TRICARE-allowable charge) as payment in full for services rendered.

Non-Network Provider
A non-network provider is one who has no contractual relationship with the regional contractor, but is authorized to provide care to TRICARE beneficiaries. There are two types of non-network providers—participating and nonparticipating.

Other Health Insurance (OHI)
Any non-TRICARE health insurance that is not considered a supplement. This insurance is acquired through an employer, entitlement program, or other source. Under federal law, TRICARE is the secondary payer to all health benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service, or other programs or plans as identified by the TRICARE Management Activity (TMA).

Point of Service Option
The point of service (POS) option allows TRICARE Prime enrollees to receive nonemergency care from any TRICARE-authorized provider without receiving a primary care manager (PCM) referral. The POS option has higher out-of-pocket costs and is not available to active duty service members (ADSMs).

Primary Care Manager (PCM)
A TRICARE civilian network provider or military treatment facility (MTF) provider who provides primary care services to TRICARE beneficiaries. A PCM is either selected by the beneficiary or assigned by an MTF commander or his or her designated appointee. TRICARE Prime Remote (TPR) beneficiaries may choose a TRICARE-authorized provider if a network provider is not available.
**Prior Authorization**
A review determination made by a licensed professional nurse or other health care professional for requested services, procedures, or admissions. Authorizations must be obtained prior to certain services being rendered or within 24 hours of an emergency admission. Failure to obtain a prior authorization when required may result in a denial of payment for those services.

**Referral**
The act or instance of referring a beneficiary to another authorized provider for necessary medical or behavioral health care treatment.

**Regional Contractor**
See “TRICARE Regional Contractors.”

**Service Point of Contact**
The uniformed services office or individual responsible for authorizing civilian health care for active duty service members (ADSMs) enrolled in TRICARE Prime Remote (TPR).

**Sponsor**
The active duty service member (ADSM) or retiree through whom family members are eligible for TRICARE.

**Transitional Assistance Management Program (TAMP)**
Transitional health care for certain uniformed services members (and eligible family members) who separate from active duty.

**TRICARE-Authorized Provider**
A provider who meets TRICARE’s licensing and certification requirements and has been certified by TRICARE to provide care to TRICARE beneficiaries. If you see a provider who is not TRICARE-authorized and can never be certified, you are responsible for the full cost of care. TRICARE-authorized providers include doctors, hospitals, ancillary providers (laboratories and radiology centers), and pharmacies. There are two types of TRICARE-authorized providers: network and non-network.
**TRICARE Area Office (TAO)**
These offices are located in each overseas area to assist you with TRICARE overseas programs.

**TRICARE Regional Contractors**
Civilian partners who provide health care services in the TRICARE regions (i.e., Health Net Federal Services, LLC; Humana Military Healthcare Services, Inc.; TriWest Healthcare Alliance Corp.).

**US Family Health Plan (USFHP)**
Provides the TRICARE Prime managed care option through networks of community-based, not-for-profit health care systems in six areas of the United States. USFHP is not available overseas and enrollment is required. You must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) and reside in one of the designated USFHP service areas. USFHP enrollees are not eligible for care at military treatment facilities (includes pharmacy services).
List of Tables

Figure 5.1  U.S. TRICARE Prime Option ADSMs: Outpatient Care...........................................................35
Figure 5.2  TOP Prime and TGRO ADSMs: Outpatient Care...............................................................37
Figure 5.3  U.S. TRICARE Prime Option ADFMs: Outpatient Care..............................................................40
Figure 5.4  TOP Prime and TGRO ADFMs: Outpatient Care.................................................................42
Figure 5.5  U.S. TRICARE Standard ADFMs: Outpatient Care..............................................................44
Figure 5.6  TOP Standard ADFMs: Outpatient Care..................................................................................45
Figure 5.7  CHCBP and TRS Beneficiaries: Outpatient Care.................................................................51
Figure 5.8  U.S. TRICARE Prime Retirees and Families: Outpatient Care..................................................54
Figure 5.9  U.S. TRICARE Standard Retirees and Families: Outpatient Care............................................56
Figure 5.10 TOP Standard Retirees and Families: Outpatient Care.......................................................57
Figure 5.11 U.S. TFL Beneficiaries: Outpatient Care................................................................................60
Figure 5.12 Overseas TFL Beneficiaries: Outpatient Care......................................................................62
Figure 7.1  TRICARE Regional Contractors...............................................................................................66
Figure 7.2  TRICARE Area Offices (TAOs).................................................................................................67
Figure 7.3  TRICARE Global Remote Overseas (TGRO) Alarm Centers......................................................68
Figure 7.4  Other Overseas Contacts........................................................................................................68
Figure 7.5  Military Medical Support Office Service Points of Contact......................................................68
Figure 7.6  Other Helpful Resources...........................................................................................................69
Index

A
Active duty family member (ADFM), 18–19, 30–31, 38–45, 47, 66, 76
Active duty service member (ADSM), 16, 18–20, 24, 30–32, 34–37, 47, 66, 70–71, 78–79
Alcohol, Drug Abuse, and Mental Health Administration
   Reorganization Act of 1992, 64
Alcohol abuse, 15, 64
Alcoholism, 23, 64
Anorexia nervosa, 13
Anxiety, 6, 11–14, 38, 52
Attention Deficit Hyperactivity Disorder (ADHD), 12
Aversion therapy, 23

B
Behavioral health care admissions, 34, 36, 40–41, 43, 45, 50, 53, 55, 57, 59, 61
Behavioral health care services, 20, 23–24, 26, 28, 47, 58
Behavioral Health Care Provider Locator and Appointment Assistance Line, 28, 34, 37, 40, 42, 66
Binge eating disorder, 13
Bioenergetic therapy, 23
Bulimia nervosa, 13

C
Care coordination, 39
Certified marriage and family therapist, 26
Certified psychiatric nurse specialists, 26
Clinic, 19, 35, 37, 77
Clinical depression, 12
Collateral visits, 17
Command sponsorship, 39
Conjoint psychotherapy, 17
Consulate, 29, 43–45, 49, 51, 53–57, 59–60, 62, 69
Continued Health Care Benefit Program (CHCBP), 48–51, 66, 76
Cost-share, 19, 25, 43–44, 55–56, 58, 76–77
Counselors, 18, 26, 40, 42–43, 45, 50, 54–55, 57, 60, 62, 71–72
Currency, 25

D
Deductible, 19, 25, 58, 76
Defense Enrollment Eligibility Reporting System (DEERS), 69, 76, 80
Delayed-effective-orders, 46
Department of Veterans Affairs (VA), 4, 48, 52, 70
Deployment, 6–11, 13, 18, 32, 38, 70–73
Depression, 6, 12–14, 52
Designated providers, 77
Detoxification, 22
Developmental disorders, 24
Disability, 27, 52, 58
Disulfiram, 23
Drug abuse, 22, 64

E
Eating disorders, 13
Electroshock, 24
Electrostimulation therapy, 24
Eligibility, 18–19, 25, 30–31, 33, 38–39, 46–49, 52, 69, 76, 80
Environmental ecological treatments, 23
Exclusions, 16, 23–24
Experimental procedures, 23
Eye movement desensitization and reprocessing (EMDR), 23

F
Family therapy, 22–24, 26
Fitness-for-duty, 33, 64
Fraud, 63, 77
G
Group therapy, 23
Guard and Reserve Web Portal, 47, 69

H
Health Insurance Portability and Accountability Act (HIPAA),
   63–64, 77
Health Net Federal Services, LLC (Health Net), 66, 71, 80
Host nation provider, 25, 31, 44–45, 51, 54, 56–57, 60
Humana Military Healthcare Services, Inc. (Humana Military), 66, 80

I
Inpatient admissions, 34, 36, 40–41, 43–45, 50, 53, 55, 57, 59, 61
Inpatient behavioral health care, 20–22, 34, 36, 40–41, 43, 45, 50,
   53, 55, 57–59, 61, 76
Inpatient psychotherapy, 16
Inpatient services, 20

L
Licensed clinical social workers, 26
Licensed or certified mental health counselor, 26, 40, 42–43, 45, 50,
   54–55, 57, 60, 62

M
Marathon therapy, 23
Marital therapy, 23, 26
Medical necessity, 16–17, 19–24
Medicare, 30, 52, 58–62, 69, 77
Medication management, 17–19, 26
Megavitamin, 23
Mental Health Self-Assessment Program, 3, 70
Mild traumatic brain injury (TBI), 13
Military & Family Life Consultants (MFLCs), 70
Military Health System Notice of Privacy Practices, 64
Military Medical Support Office (MMSO), 16, 28, 34–35, 66,
   68–69, 71
Military OneSource, 70–71
MTF care, 44–45, 48, 54, 56–57

N
Narcotherapy, 24
National Guard and Reserve, 30–31, 39, 46, 48–49, 66, 70, 72, 77
National Suicide Prevention Lifeline, 4
Network providers, 19, 40, 42, 49, 54, 63, 69, 78–79
Nonemergency care, 20, 24, 33–34, 36–37, 40–43, 45, 50, 53, 55, 57, 59, 61, 78
Non-network providers, 25, 78–79
Nonparticipating providers, 60, 62, 78

O
Other health insurance (OHI), 29, 31, 58–59, 78
Out-of-pocket costs, 78
Outpatient behavioral health care, 21–23, 31, 34–37, 40, 42–45, 50–51, 54–58, 60, 62, 76
Outpatient psychotherapy, 16
Outpatient services, 16, 40, 42–43, 50, 54–55, 60

P
Partial hospitalization, 21–22, 44, 57, 59, 61
Participating provider, 25, 60, 62, 78
Pastoral counselors, 26, 40, 42–43, 45, 50, 54–55, 57, 60, 62
Physician referral, 26, 40, 42–43, 45, 50, 54–55, 57, 60, 62
Point of service (POS), 24, 39–40, 42, 53–54, 78
Post-traumatic stress disorder (PTSD), 3, 13
Pre-activation benefits, 46
Primal therapy, 24
Primary care manager (PCM), 19, 27–28, 34–37, 39–42, 53–54, 66, 71, 78
Primary payer, 30–31, 58–62
Prime Service Area, 47
Privacy officers, 63
Psychiatrist, 5, 26
Psychoanalysis, 17
Psychological testing, 17, 26
Psychologist, 5, 26
Psychosurgery, 24
Psychotherapy, 16–17, 19, 26
Puerto Rico Call Center, 28, 34–37, 41–42, 67–68

R
Rehabilitation, 21–22
Residential treatment center (RTC), 21, 24, 44, 57, 59, 61
Retired service member, 30–31, 52, 76
Retiree, 3, 19, 53–58, 79
Retiree family member, 52
Rolfing, 24

S
Schizophrenia, 23
Service point of contact (SPOC), 16, 19, 28, 34–35, 66, 68, 71, 79
Sexual problems, 12
Sexual dysfunction, 24
Smoking cessation, 24
Social Security number, 64
Sponsor, 31, 38–39, 42, 76, 79
Stress, 6–7, 10–11, 13–14, 18, 23, 38, 52, 70–72
Substance abuse, 14, 17, 21, 64
Substance use disorder, 14, 21–22
Suicide, 4, 13–15
Survivors, 31, 69, 72–73
T

Telemental Health Program, 19–20
Telephone counseling, 24
TOP Prime, 33, 35–37, 39, 41–42, 47, 77
TOP Standard, 39, 44–45, 47, 52, 56–57
Training analysis, 24
Transcendental meditation, 24
Transitional Assistance Management Program (TAMP), 18, 39, 47–49, 79
Traumatic brain injury (TBI), 13, 70
TRICARE-allowable charge, 25, 78
TRICARE-authorized provider, 19, 22, 26, 40, 42, 44–45, 49, 51, 56–57, 63, 78–79
TRICARE Area Office (TAO), 16, 28, 33, 36, 39–45, 49–51, 53–57, 59–62, 64, 67, 80
TRICARE Assistance Program (TRIAP), 18
TRICARE Eurasia-Africa, 44, 56, 61, 67–69
TRICARE Extra, 19, 39, 43–44, 47–48, 52, 55–56, 78
TRICARE For Life (TFL), 25, 58–62
TRICARE Latin America and Canada (TLAC), 36–37, 44, 56, 61, 67–69
TRICARE Management Activity (TMA), 63, 78
TRICARE Overseas Program (TOP), 33, 35–37, 39, 41–42, 44–45, 47, 52, 56–57, 77
TRICARE Pacific, 44, 56, 61, 67–69
TRICARE Prime, 19, 24, 30, 32, 34–35, 38–40, 47, 52–54, 66, 77–78, 80
TRICARE Prime Remote (TPR), 32, 34, 38, 77–79
TRICARE Prime Remote for Active Duty Family Members (TPRADFM), 38
TRICARE Reserve Select (TRS), 18–19, 48–51, 66, 69
TRICARE Reserve Select (TRS) Web application, 69
TRICARE Standard, 19, 39, 43–44, 47–48, 52, 55–56, 58, 78
TriWest Behavioral Health Crisis Line, 66
TriWest Healthcare Alliance Corp. (TriWest), 66, 71, 80

**U**
US Family Health Plan (USFHP), 28, 30, 63, 65, 69, 77, 80

**V**
ValueOptions, 29, 41–42, 44, 48, 50, 57, 61, 69
VA hotline, 4

**W**
Wisconsin Physicians Service (WPS), 25, 29, 41, 58, 60–61, 69

**Z**
Z therapy, 24
Please provide feedback on this booklet at:
www.tricare.mil/evaluations/feedback