



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

MB&RB

CHANGE 92
6010.54-M
JANUARY 14, 2009

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.54-M, issued August 2002.

CHANGE TITLE: SUBSTANCE USE DISORDERS

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change expands coverage for the treatment of
substance use disorders to include individual therapy, when provided within a
Substance Use Disorder Rehabilitation Facility (SUDRF).

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting
Officer.

A handwritten signature in black ink, appearing to read "Reta Michak".

Reta Michak
Chief, Office of Medical Benefits
and Reimbursement Branch

ATTACHMENT(S): 2 PAGE(S)
DISTRIBUTION: 6010.54-M

CHANGE 92
6010.54-M
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REMOVE PAGE(S)

CHAPTER 7

Section 3.7, pages 3 and 4

INSERT PAGE(S)

Section 3.7, pages 3 and 4

(2) Coverage during a single benefit period is limited to 21 days unless the limit is waived in accordance with the criteria in [paragraph III.E](#).

2. Outpatient care is subject to the following:

a. Outpatient care (substance use disorder) must be provided by an approved substance use disorder rehabilitation facility, whether freestanding or hospital-based. Certified addiction rehabilitation counselors or certified alcohol counselors employed by the **Substance Use Disorder Rehabilitation Facility (SUDRF)** may provide the care.

b. The SUDRF must bill for the services using the appropriate **Healthcare Common Procedure Coding System (HCPCS)** code. Payment is the **lesser of the billed amount or the CHAMPUS Maximum Allowable Charge (CMAC)**.

c. Coverage is up to 60 visits in a benefit period unless the limit is waived in accordance with the criteria in [paragraph III.E](#).

d. Outpatient care is covered in **both individual and group settings, only within the SUDRF**. For patients with a primary diagnosis of mental disorder (DSM IV) that coexists with an alcohol and other drug abuse disorder see [Chapter 7, Section 3.13](#).

3. Family Therapy.

a. Family therapy provided on an outpatient basis by an approved substance use disorder rehabilitation facility, whether freestanding or hospital-based, is covered beginning with the completion of the patient's rehabilitative care as outlined in [paragraph III.C.1](#). The family therapy is covered for up to 15 visits in a benefit period unless the limit is waived in accordance with the criteria in [paragraph III.E](#). Services provided on an outpatient basis will be reimbursed under the appropriate allowable charge for the procedure code(s) billed.

b. Family therapy must be provided by a qualified mental health provider (psychiatrists or other physicians, clinical psychologists, certified psychiatric nurse specialists or clinical social workers; and certified marriage and family therapists, pastoral, and mental health counselors, under a physician's supervision).

D. Coverage limitations.

1. Detoxification. Admissions to all facilities (includes DRG and non-DRG facilities) for detoxification are covered if preauthorized as medically/psychologically necessary. Days of detoxification must be counted toward the statutory day limit, limiting care for adults (age 19 and over) to 30 days in a fiscal year or 30 days in an admission and to 45 days for children (age 18 and under).

2. Rehabilitation. Rehabilitation stays are subject to a limit of three benefit periods in a lifetime unless this limit is waived. Preadmission and continued stay authorization is required for substance use disorder detoxification and rehabilitation. Rehabilitation stays are covered if preauthorized as medically/psychologically necessary. Days of rehabilitation must be counted toward the statutory day limit, restricting care for adults (age 19 and over)

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CHAPTER 7, SECTION 3.7

SUBSTANCE USE DISORDERS

to 30 days in a fiscal year or 30 days in an admission and to 45 days for children (aged 18 and under). The concept of an emergency admission does not apply to rehabilitative care.

NOTE: The beneficiary may have either 21 days of rehabilitation in a residential (inpatient) basis or 21 days of rehabilitation in a partial hospital setting or a combination of both, as long as the 21-day limit for the total rehabilitation period is not exceeded.

E. Waiver of benefit limits. The specific benefit limits set forth in this section may be waived by the contractor in special cases based on a determination that all of the following criteria are met:

1. Active treatment has taken place during the period of the benefit limit and substantial progress has been made according to the plan of treatment.
2. Further progress has been delayed due to the complexity of the illness.
3. Specific evidence has been presented to explain the factors that interfered with further treatment progress during the period of the benefit limit.
4. The waiver request includes specific time frames and a specific plan of treatment which will complete the course of treatment.

F. Payment responsibility. Providers may not hold patients liable for payment for services for which payment is disallowed due to the provider's failure to follow established procedures for preadmission and continued stay authorization. With respect to such services, providers may not seek payment from the patient or the patient's family, unless the patient has agreed to personally pay for the services knowing that payment would not be made. Any such effort to seek payment is a basis for termination of the provider's authorized status.

G. Coverage is allowed for Antabuse® in the treatment of alcoholism.

H. Confidentiality. Release of any patient identifying information, including that required to adjudicate a claim, must comply with the provisions of section 544 of the Public Health Service Act, as amended, (42 U.S.C. 290dd-3), which governs the release of medical and other information from the records of patients undergoing treatment of substance use disorder. If the patient refuses to authorize the release of medical records which are, in the opinion of the contractor necessary to determine benefits on a claim for treatment of substance use disorder the claim will be denied.

IV. EXCEPTIONS

A. Aversion therapy. The programmed use of physical measures, such as electric shock, alcohol or other drugs (except Antabuse®) as negative reinforcement is not covered, even if recommended by a physician. All professional and institutional charges associated with a rehabilitation treatment program that uses aversion therapy must also be denied.