

Chapter 7

Mental Health

Section/Addendum	Subject/Addendum Title
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|-------------|---|
| 1 | Hospital Reimbursement - TRICARE Inpatient Mental Health Per Diem Payment System |
| 2 | Psychiatric Partial Hospitalization Program (PHP) Reimbursement |
| 3 | Substance Use Disorder Rehabilitation Facilities (SUDRFs) Reimbursement |
| 4 | Residential Treatment Center (RTC) Reimbursement |
| A | Table Of Regional Specific Rates For Psychiatric Hospitals And Units With Low TRICARE Volume - FY 2013 - FY 2015 |
| B | Table Of Maximum Rates For Freestanding Psychiatric Partial Hospitalization Programs (PHPs) Reimbursement - FY 2013 - FY 2015 |
| C | Guidelines For The Calculation Of Individual Residential Treatment Center (RTC) Per Diem Rates
Figure 7.C-1 TMA Form 771 |
| D (FY 2013) | TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2013 |
| D (FY 2014) | TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2014 |
| D (FY 2015) | TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2015 |

