

Tip Sheet for TriWest Mental Health (MH) Referrals

TriWest approval is required before all non-emergency mental health (MH) admissions and select outpatient interventions to ensure the proposed treatment meets medical necessity criteria defined by the TRICARE Policy Manual (TPM). Requests that do not include sufficient clinical details to determine whether these criteria are met must be denied per the TPM. Medical necessity criteria are listed on the next page.

Note: *TriWest recommends that requests for extensions and continued stays be submitted by the servicing facility/provider.*

Benefit Exclusions

Benefit exclusions may be found in [TPM Chapter 1, Section 1.2](#), and [TPM Chapter 7, Section 3.7](#).

Several key exclusions include:

- Transcranial Magnetic Stimulation (TMS) for conditions other than depression
- Off-label use of ketamine
- Stellate ganglion blockade
- Prescription digital therapeutics/somatic devices
- Residential-level care for adults is not a covered benefit except for substance use disorder (SUD) treatment when medically necessary. Admission to a sub-acute/residential mental health program for non-SUD conditions will be reviewed as non-emergency acute psychiatric hospitalizations.

Office-Based Care

With the exception of psychoanalysis and treatment for Active Duty Service Members (ADSMs), office-based psychotherapy and medication management (including Medication-Assisted Treatment [MAT] for SUDs) do not require a referral or pre-authorization. Submit separate referrals for therapy and medication management for ADSMs.

Suggested MHS GENESIS Referral Template

- Primary Diagnosis
- Referral Submission Date
- Requested Level of Service/Type of Care
- Planned Admission/Start Date (if known)
- Explanation of How Medical Necessity Criteria are Met
- Additional Key Information:
 - Preferred Provider/Facility (if known)
 - Address
 - Phone Number
 - Fax Number
- MTF POC Name/Number/Email

Emergent Acute Psychiatric Hospitalization

- Immediate risk of serious harm to self/others
- Requires continuous skilled nursing observation or continued multi-disciplinary treatment, *plus* has:
 - A need for high-dose, intensive medications or somatic and/or psychological treatment with potentially serious side effects or
 - An acute disturbance of mood, behavior, and/or thinking

Non-Emergent Acute Psychiatric Hospitalization

- Requires continuous skilled nursing observation or continued multi-disciplinary, *plus* has
 - A serious risk of harm to self/others or
 - A need for high-dose, intensive medications or somatic and/or psychological treatment with potentially serious side effects or
 - An acute disturbance of mood, behavior, and/or thinking

Emergent Inpatient Detoxification

- ICD/DSM SUD diagnosis
- Requires hospital personnel and facilities for medical stabilization or to treat active medical complications of intoxication or withdrawal

Non-Emergent Inpatient Detoxification

- Will require hospital personnel and facilities to prevent and/or treat medical complications of SUD withdrawal that may occur following admission
- Please specify ASAM Level (4.0/3.7)

Residential Treatment Center (RTC)

- Not older than 20 years of age
- Pattern of disruptive behavior and disturbed family functioning or social relationships
- Persistent psychiatric/emotional disturbances
- Cannot be safely managed at a lower level of care
- Comprehensive treatment plan will cover:
 - Measurable/relevant goals
 - Skilled interventions by mental health professionals
 - Time frames to achieve outcomes
 - Timely treatment plan reviews & updates
- Caregivers agree to participate in family therapy unless it is contraindicated
- Please specify ASAM Level (4.0/3.7)

SUD Rehabilitation Facility (SUDRF)

- Either has signs/symptoms severe enough to warrant inpatient treatment or has failed treatment provided at a lower level of care
- Comprehensive treatment plan will cover:
 - Measurable/relevant goals
 - Skilled interventions by mental health professionals
 - Time frames to achieve outcomes
 - Timely treatment plan reviews & updates

Additional information about these levels and types of care can be found on the [Mental Health and Coverage Requirements sheet](#). For questions or additional support, contact UMBehavioralHealthTeam@triwest.com.

Psychological/Neuropsychological Testing

- Documented Mental Status Exam
- Covered if requested for one of the following reasons:
 - Autism Care Demonstration project
 - Baseline cognitive function assessment
 - Assessment of change from baseline
 - To clarify/inform an existing diagnosis
 - To evaluate functional deficits
 - To assess lack of treatment response

Esketamine (Spravato™)

- At least 18 years old
- Will be treated by a REMS-enrolled provider
- Has no medical contraindications
- Has one of these FDA-approved indications:
 - Treatment-Resistant Depression (i.e., has failed two adequate trials of antidepressants in different categories and at least one adequate trial of psychotherapy)
 - Major depression with suicidal thoughts/behavior

Partial Hospitalization Program (PHP)

- Needs crisis stabilization, treatment of a partially-stabilized condition, or is transitioning from an inpatient stay
- Significant impairment from a mental/SUD disorder that interferes with functioning, or needs clinically intense SUD rehab with medically-monitored ambulatory detox
- Is unable to function in the community to permit adequate outpatient therapy, even with appropriate support
- Can function well enough to attend PHP
- No imminent risk of harm to self/others

Intensive Outpatient Treatment (IOP)

- Has significant impairment interfering with age-appropriate functioning
- Needs crisis stabilization, treatment of a partially-stabilized condition, or is transitioning from an inpatient stay or PHP
- Treatment plan will be effective and permit treatment at the least intense level

Transcranial Magnetic Stimulation (TMS)

- At least 15 years old (or older depending on state)
- Has no medical contraindications
- Has Treatment-Resistant Depression (i.e., has failed two adequate trials of antidepressants in different categories)
- Is for rTMS or Deep TMS (MeRT and SAINT are evolving practices and not covered)

Electroconvulsive Therapy (ECT)

- At least 13 years old (or older depending on state)
- Experiencing TRD, mania, psychosis, catatonia, or another condition limiting adequate nutrition and hydration
- Has failed to respond to reasonable trials of other evidence-based treatment