

## **SUMMARY OF KEY PROVISIONS**

### **TRICARE FINAL RULE ON “MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT”**

September 8, 2016

#### **JUST-PUBLISHED FINAL RULE MODERNIZES TRICARE MENTAL HEALTH BENEFITS**

The Department of Defense (DOD) published on September 2, 2016, a [final rule](#) in the *Federal Register* that updates TRICARE mental health and substance use disorder (MH/SUD) benefits.

This is a significant rule in terms of updating the military’s approach to treatment services. The final rule is the result of extensive consultation with the field, including NAPHS.

The rule makes comprehensive revisions to the TRICARE regulation to “reduce administrative barriers to access to mental health benefit coverage and to improve access to substance use disorder (SUD) treatment for TRICARE beneficiaries, consistent with earlier Department of Defense and Institute of Medicine recommendations, current standards of practice in mental health and addiction medicine, and governing laws.”

According to DOD, the final rule has four main objectives:

1. to eliminate unnecessary quantitative and non-quantitative treatment limitations on SUD and mental health benefit coverage and align beneficiary cost-sharing for mental health and SUD benefits with those applicable to medical/surgical benefits;
2. to expand covered mental health and SUD treatment under TRICARE, to include coverage of intensive outpatient programs and treatment of opioid use disorder;
3. to streamline the requirements for mental health and SUD institutional providers to become TRICARE authorized providers; and
4. to develop TRICARE reimbursement methodologies for newly recognized mental health and SUD intensive outpatient programs and opioid treatment programs.

#### **KEY PROVISIONS**

In brief, DOD final rule:

- **Eliminates quantitative and non-quantitative treatment limits**, including:
  - All inpatient mental health day limits (consistent with the FY15 *Defense Authorization Act*)
  - 60-day partial hospitalization and SUD rehabilitation facilities (SUDRF) treatment limits

- Annual and lifetime limits on SUD treatment
  - Presumptive limits on outpatient treatment services, including the 6-hours-per-week limit on psychological testing; limit of 2 sessions per week for outpatient therapy; and limits for family therapy (15 visits) and outpatient therapy (60 visits) provided in a freestanding or hospital-based SUDRF (substance use disorder rehabilitation facility)
  - Limit of 2 smoking cessation attempts in a consecutive 12-month period and 18 face-to-face counseling sessions per attempt
- **Aligns cost-sharing for MH/SUD benefits with medical/surgical benefits**
  - **Authorizes intensive outpatient programs (IOP) as a new class of institutional provider**
  - **Expands treatment for opioid use disorder via TRICARE coverage of opioid treatment programs and office-based opioid treatment programs.** The rule states, “Once the changes proposed in this rule are implemented, TRICARE beneficiaries will have ready access to MAT on an outpatient basis as recommended by ASAM and clinical practice guidelines developed jointly by the Department of Veterans Affairs and DOD.”
  - **Establishes reimbursement methodologies for newly recognized MH/SUD intensive outpatient and opioid treatment programs**
  - **Streamlines requirements for institutional MH/SUD providers to participate in TRICARE,** including SUDRFs, residential treatment centers (RTCs), partial hospital programs (PHPs), intensive outpatient programs (IOPs), and opioid treatment programs (OTPs). This includes relying primarily on accreditation by a national body approved by the Director rather than stand-alone TRICARE requirements. This streamlined approval process is intended to greatly simplify the process from the current, detailed certification process for institutional providers. Organizations will continue to be required to execute a written participation agreement with OCHAMPUS.

The final rule is effective October 3, 2016.

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