

Chapter 11

Section 3.10

Pastoral Counselor

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Revision:

1.0 ISSUE

Pastoral Counselors.

2.0 POLICY

2.1 Provider Certification. A pastoral counselor may provide covered mental health services upon the referral and under the supervision of a physician. The pastoral counselor must have the following:

2.1.1 A recognized graduate professional education with the minimum of an earned master's degree from a regionally accredited educational institution in an appropriate behavioral science field, mental health discipline;

2.1.2 Experience which consists of either:

2.1.2.1 A combination of:

2.1.2.1.1 Two hundred (200) hours of approved supervision in the practice of pastoral counseling, ordinarily to be completed in a two- to three-year period, of which at least 100 hours must be in individual supervision. This supervision will occur preferably with more than one supervisor and should include a continuous process of supervision with at least three cases; 1,000 hours of clinical experience in the practice of pastoral counseling under approved supervision, involving at least 50 different cases; or

2.1.2.2 A combination of:

2.1.2.2.1 One hundred and fifty (150) hours of approved supervision in the practice of psychotherapy, ordinarily to be completed in a two- to three-year period, of which at least 50 hours must be individual supervision; plus at least 50 hours of approved individual supervision in the practice of pastoral counseling, ordinarily to be completed within a period of not less than one nor more than two years; and

2.1.2.2.2 Seven hundred and fifty (750) hours of clinical experience in the practice of psychotherapy under approved supervision involving at least 30 cases; plus at least 250 hours of clinical practice in pastoral counseling under approved supervision, involving at least 20 cases;

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2.1.3 Licensure or certification as a pastoral counselor:

2.1.3.1 If licensure/certification is offered by the jurisdiction in which the pastoral counselor is practicing, it is required in all cases, even if the jurisdiction offers it on an optional basis.

2.1.3.2 In jurisdictions that do not offer licensure or certification, a pastoral counselor must be (or must meet all the requirements to become) a fellow or diplomate member in the American Association of Pastoral Counselors (AAPC) as determined by the AAPC. Fellow or diplomate level pastoral counselors are listed in the AAPC Registry which can be obtained by writing to the AAPC at 9504-A Lee Highway, Fairfax, Virginia 22031. Updated membership information may be obtained by calling the AAPC at (703) 385-6967.

2.2 Because of the similarity of the requirements for licensure, certification, experience and education a pastoral counselor may elect to be authorized as a certified marriage and family therapist, and as such, would be subject to all previously defined criteria for the certified marriage and family therapist category, to include acceptance of the determined allowable charge as payment in full, except for applicable deductibles and cost-shares (i.e., balance billing of a beneficiary above the allowable charge is prohibited; may not bill beneficiary for noncovered care). The pastoral counselor must also agree to enter into the same participation agreement with the Defense Health Agency (DHA) within which the pastoral counselor agrees to all provisions, including conditions upon termination, as specified in the [32 CFR 199.6](#) and outlined in this chapter.

Note: No dual status will be recognized. Pastoral counselors must elect one category of extramedical providers as specified above. Once authorized as either a pastoral counselor, or a certified marriage and family therapist, claims review and reimbursement will be in accordance with the criteria established for the elected provider category.

2.3 The services of an authorized pastoral counselor are covered when:

2.3.1 A physician refers the beneficiary for therapy;

2.3.2 A physician provides ongoing oversight and supervision of the therapy; and

2.3.3 On each claim, the pastoral counselor certifies that a written communication has been (or will be) made to the referring physician of the results of the treatment. Such communication will be made at the end of the treatment or more frequently, as required by the referring physician (see [32 CFR 199.7](#)).

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