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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 111
6010.54-M
NOVEMBER 23, 2009**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

**CHANGE TITLE: CLARIFICATION OF THE EXTENDED CARE HEALTH OPTION (ECHO)
TRANSPORTATION BENEFIT**

CONREQ: 14923

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change clarifies that an ECHO beneficiary must be institutionalized in order for TRICARE to cover transportation of the beneficiary to or from a facility or institution to receive allowable ECHO services.

EFFECTIVE AND IMPLEMENTATION DATE: January 1, 2010.

**Reta Michak
Acting Chief, Medical Benefits and
Reimbursement Branch**

**ATTACHMENT(S): 4 PAGE(S)
DISTRIBUTION: 6010.54-M**

**CHANGE 111
6010.54-M
NOVEMBER 23, 2009**

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 1

Section 1.1, page 7

Section 1.1, page 7

CHAPTER 9

Section 11.1, page 1

Section 11.1, page 1

CHAPTER 12

Section 2.1, pages 3 and 4

Section 2.1, pages 3 and 4

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CHAPTER 1, SECTION 1.1

EXCLUSIONS

61. Housekeeping, homemaker, or attendant services, sitter or companion (for exceptions, see [32 CFR 199.4\(e\)\(19\)](#) regarding hospice care) (see the TRICARE Reimbursement Manual (TRM), [Chapter 11, Sections 1 and 4.](#)).

62. All services and supplies (including inpatient institutional costs) related to a noncovered condition or treatment, or provided by an unauthorized provider.

63. Personal, comfort, or convenience items, such as beauty and barber services, radio, television, and telephone (for exceptions, see [32 CFR 199.4\(e\)\(19\)](#) regarding hospice care).

NOTE: Admission kits are covered.

64. Megavitamin psychiatric therapy, orthomolecular psychiatric therapy.

65. All transportation except by ambulance, as specifically provided under [32 CFR 199.4\(d\)](#) and [\(e\)\(5\)](#).

NOTE: Transportation of an ECHO beneficiary to or from a facility or institution to receive authorized **institutionalized** ECHO services or items may be cost-shared under [32 CFR 199.5\(c\)\(6\)](#). Transportation of an accompanying medical attendant to ensure the safe transport of the ECHO beneficiary may also be cost-shared (see [Chapter 9, Section 11.1](#)).

66. All travel even though prescribed by a physician and even if its purpose is to obtain medical care, except as specified in [32 CFR 199.4\(a\)\(6\)](#).

NOTE: For the exception for certain Prime travel expenses and non-medical attendants, see [32 CFR 199.17\(p\)\(4\)\(vi\)](#) and the TRM, [Chapter 1, Section 30](#).

67. Services and supplies provided by other than a hospital, unless the institution has been approved specifically by TRICARE. Nursing homes, intermediate care facilities, halfway houses, homes for the aged, or institutions of similar purpose are excluded from consideration as approved facilities.

68. Service animals (Seeing Eye dogs, hearing/handicap assistance dogs, seizure and other detection animals, service monkeys, etc.) are excluded from coverage under the Basic or ECHO programs.

- END -

TRANSPORTATION

ISSUE DATE: January 23, 1984

AUTHORITY: [32 CFR 199.5\(c\)\(6\)](#) and [\(g\)\(1\)](#)

I. CPT¹ PROCEDURE CODE

99082: Unusual travel

II. HCPCS PROCEDURE CODES

Level II Codes A0100 - A0140, A0170

III. POLICY

A. Transportation of an **institutionalized** ECHO beneficiary to or from a facility or institution to receive otherwise allowable services or items through the ECHO may be cost-shared.

B. Transportation of an accompanying medical attendant to ensure the safe transport of the ECHO beneficiary may be cost-shared.

C. A public facility use certification is not required for the transportation unless the care is being provided by the public facility.

D. The reimbursement rate for the use of a privately-owned vehicle, regardless of the number of ECHO family members being transported, is limited to the Federal government employee mileage reimbursement rate in effect on the trip date.

E. Transportation by means other than a privately-owned vehicle will be reimbursed on the basis of actual costs.

F. The allowed costs of the above services provided on or after October 14, 2008, accrue to the government's maximum fiscal year benefit of \$36,000.

IV. EFFECTIVE DATE September 1, 2005.

- END -

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CHAPTER 12, SECTION 2.1

BENEFITS AND BENEFICIARY PAYMENTS

B. TOP Standard Program Annual Fiscal Year Deductible

Applies to all outpatient services, does not apply to the TOP Prime.

TOP STANDARD		
ADFMs		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS, AND ELIGIBLE FORMER SPOUSES
E1 - E4	E5 & ABOVE	
\$50 per Individual \$100 Maximum per Family	\$150 per Individual \$300 Maximum per Family	\$150 per Individual \$300 Maximum per Family

C. TOP TRICARE For Life (TFL) (Excludes dual-eligible claims from Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and the Northern Marianas Islands, which are processed under the TDEFIC contract.)

TOP TFL	
RESERVED	RETIRES, THEIR FAMILY MEMBERS & SURVIVORS, AND ELIGIBLE FORMER SPOUSES
Reserved	25% of the covered costs after the deductible has been met*

*Enrollment in Medicare Part B is required.

D. Outpatient Overseas Services

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS)			
TRICARE BENEFITS	TOP PRIME		TOP STANDARD
TYPE OF SERVICE	ADFMs		
	E1 - E4	E5 & ABOVE	
INDIVIDUAL HOST NATION PROVIDER SERVICES Office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; medical supplies used within the office including casts, dressings, and splints.	None	None	ADFMs: Cost share--20% of the covered costs after the deductible has been met. Retirees, their Family Members & Survivors, and Eligible Former Spouses: Cost share--25% of the covered costs after the deductible has been met.
ANCILLARY SERVICES See the TRM, Chapter 2, Section 1 for range of services.	None	None	
LABORATORY AND X-RAY SERVICES	None	None	
ROUTINE PAP SMEARS Frequency to depend on physician recommendations based on the published guidelines of the American Academy of Obstetrics and Gynecology.	None	None	

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 2.1

BENEFITS AND BENEFICIARY PAYMENTS

D. Outpatient Overseas Services (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS)			
TRICARE BENEFITS	TOP PRIME		TOP STANDARD
TYPE OF SERVICE	ADFMS		
	E1 - E4	E5 & ABOVE	
AMBULANCE SERVICES When medically necessary as defined by the TRM and the service is a covered benefit.	None	None	ADFMS: Cost share--20% of the covered costs after the deductible has been met.
EMERGENCY SERVICES Emergency and urgently needed care obtained on an outpatient basis, both network and non-network, and in and out of the Region.	None	None	Retirees, their Family Members & Survivors, and Eligible Former Spouses: Cost share--25% of the covered costs after the deductible has been met.
DURABLE MEDICAL EQUIPMENT (DME), PROSTHETIC DEVICES, AND MEDICAL SUPPLIES PRESCRIBED BY A HOST NATION AUTHORIZED PROVIDER WHICH ARE COVERED BENEFITS (If dispensed for use outside of the office or after the home visit.)	None	None	
FAMILY HEALTH SERVICES Family planning and well baby care (up to 24 months of age). The exclusions listed in this TRICARE Policy Manual (TPM) will apply.	None	None	
OUTPATIENT MENTAL HEALTH TO INCLUDE HOME One hour of therapy, no more than two times each week (when medically necessary). Authorization required for 9th and subsequent visits per fiscal year.	None	None	
AMBULATORY SURGERY (same day)	None	None	
IMMUNIZATIONS (See Note 1) Immunizations required for ADFMS whose sponsors have permanent change of station orders to overseas locations.	None	None	None
EYE EXAMINATIONS (See Note 1) One routine examination per year for family members of active duty sponsors.	None	None	ADFMS: Cost-share 20% of the covered costs after the deductible has been met. Retirees, their Family Members & Survivors, and Eligible Former Spouses: Not covered under TOP Standard.

NOTE 1: Additional immunizations and eye examinations are covered under the TOP Prime "clinical preventive services". See [Chapter 7, Section 2.1](#) and [2.2](#).