



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 130
6010.54-M
SEPTEMBER 13, 2010**

**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: NATIONAL DEFENSE AUTHORIZATION ACT (NDAA), FISCAL YEAR (FY)
2009, SECTION 732, FINAL IMPLEMENTATION OF EXTENDED CARE
HEALTH OPTION (ECHO) CAP

CONREQ: 15032

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change package eliminates the \$2,500 per month limit for the following ECHO benefits; diagnostic services, treatment, respite care, assistive services, and durable equipment.

EFFECTIVE DATE: August 9, 2010.

IMPLEMENTATION DATE: November 1, 2010.

This change is made in conjunction with Aug 2002 TOM, Change No. 106, Aug 2002 TRM, Change No. 120, and Aug 2002 TSM, Change No. 86.


John A. D'Alessandro
Chief, Medical Benefits and
Reimbursement Branch

ATTACHMENT(S): 22 PAGE(S)
DISTRIBUTION: 6010.54-M

**CHANGE 130
6010.54-M
SEPTEMBER 13, 2010**

REMOVE PAGE(S)

CHAPTER 9

Section 1.1, pages 1 - 3
Section 4.1, pages 1 and 2
Section 7.1, page 1
Section 8.1, page 1
Section 9.1, pages 1 and 2
Section 10.1, pages 1 and 2
Section 11.1, page 1
Section 12.1, pages 1 and 2
Section 13.1, pages 1 and 2
Section 14.1, pages 1 - 3
Section 15.1, pages 1 and 2
Section 16.1, pages 1 and 2

INSERT PAGE(S)

Section 1.1, pages 1 - 3
Section 4.1, pages 1 and 2
Section 7.1, page 1
Section 8.1, page 1
Section 9.1, pages 1 and 2
Section 10.1, pages 1 and 2
Section 11.1, page 1
Section 12.1, pages 1 and 2
Section 13.1, pages 1 and 2
Section 14.1, pages 1 and 2
Section 15.1, pages 1 and 2
Section 16.1, pages 1 and 2

GENERAL

ISSUE DATE: July 3, 1997
AUTHORITY: [32 CFR 199.5](#)

I. DESCRIPTION

The Extended Care Health Option (ECHO) is a supplemental program to the TRICARE Basic Program and provides eligible active duty family members with an additional financial resource for an integrated set of services and supplies designed to assist in the reduction of the disabling effects of the beneficiary's qualifying condition (see Chapter 9, [Sections 2.1 through 2.4](#)). The ECHO is not an enrollment program but does require registration (see [Chapter 9, Section 3.1](#)).

II. POLICY

- A. The ECHO is available only to eligible active duty family members.
- B. Eligibility and registration are prerequisites to ECHO benefits being authorized.
- C. Written authorization for ECHO benefits is a prerequisite to claim adjudication.

D. ECHO-eligible beneficiaries who are enrolled in TRICARE Prime shall meet all applicable requirements of that program, including those regarding the assignment and use of a Primary Care Manager when services are requested and provided through the ECHO.

E. TRICARE is primary payer for medical services and items that are provided under Part C of the Individuals with Disabilities Education Act ([IDEA](#)) in accordance with the Individualized Family Service Plan ([IFSP](#)) and which are otherwise allowable under the TRICARE Basic Program or the ECHO.

III. EXCLUSIONS

A. All benefits available through the TRICARE Basic Program are excluded from the ECHO.

B. Inpatient care for medical or surgical treatment of an acute illness, or of an acute exacerbation of the qualifying condition. These services may be cost-shared through the Basic Program.

C. Structural alterations to living space and permanent fixtures, including alterations necessary to accommodate installation of equipment or to facilitate entrance or exit.

D. Except as provided by the ECHO Home Health Care (EHHC) benefit ([Chapter 9, Section 15.1](#)) homemaker services that provide assistance with household chores are excluded.

E. Dental care and orthodontic treatment.

F. The price differential between the price for a type of accommodation which provides services or features that exceed the requirements of the beneficiary's condition for safe transport and the price for a type of accommodation without those deluxe features. Payment of such price differential is the responsibility of the beneficiary.

G. Durable equipment is excluded from the ECHO when:

1. The beneficiary is a patient in an institution or facility that ordinarily provides the same type of equipment to its patients at no additional charge in the usual course of providing services; or

2. The item is available to the beneficiary from a Uniformed Services Medical Treatment Facility (USMTF); or

3. The item has deluxe, luxury, immaterial or nonessential features that increase the cost to the government relative to a similar item without those features; or

4. The item is duplicate equipment as defined in [32 CFR 199.2](#).

H. Maintenance agreements for beneficiary-owned equipment are excluded.

I. Services or items for which the beneficiary or sponsor has no legal obligation to pay, or for which no charge would be made if the beneficiary was not eligible for benefits.

J. Services or items paid for, or eligible for payment, directly or indirectly by a Public Facility, as defined in [32 CFR 199.2](#), or by the Federal government, other than the Department of Defense (DoD), are excluded, except when such services or items are eligible for payment under a State plan for medical assistance under Title XIX of the Social Security Act (Medicaid).

K. Services and items provided as a part of a scientific clinical study, grant, or research program.

L. Unproven services and items whose safety and efficacy have not been established as described in [32 CFR 199.4](#).

M. Services or items provided or prescribed by a member of the beneficiary's immediate family, or a person living in the beneficiary's or sponsor's household.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 1.1

GENERAL

- N. Services or items ordered by a court or other government agency that are not otherwise an allowable ECHO benefit.
- O. Additional or special charges for excursions, except for other otherwise allowable transportation, even when they are part of a program offered by an approved provider.
- P. Drugs and medicines which do not meet the requirements of [32 CFR 199.4](#).
- Q. Therapeutic absences from an inpatient facility.
- R. Custodial care, as defined in [32 CFR 199.2](#), as a stand alone ECHO benefit is excluded. Services provided in support of activities of daily living may be cost-shared only when provided through the EHHC benefit (see [Chapter 9, Section 15.1](#)).
- S. Domiciliary care, as defined in [32 CFR 199.2](#), may not be cost-shared through the ECHO.
- T. Services for a beneficiary aged **three** to 21 that are written in the beneficiary's special education Individualized Educational Program (IEP) and that are required to be provided without charge by the local public education facility in accordance with the IDEA.

IV. EFFECTIVE DATE

September 1, 2005.

- END -

BENEFIT AUTHORIZATION

ISSUE DATE: July 3, 1997

AUTHORITY: 32 CFR 199.5(h)(3)

I. POLICY

A. Except as provided in [paragraph I.B.](#), the Managed Care Support Contractor (MCSC) will provide the required authorization for requested services and items under the ECHO.

B. In the case of beneficiaries residing overseas, the Director, TRICARE Area Office (TAO) or designees are responsible for authorizing ECHO benefits.

C. The authorization is based upon the following:

1. The beneficiary is registered in the ECHO; and
2. The requested service or item is allowable as a ECHO benefit; and
3. The requested service or item meets the public facility use requirements when applicable.

D. The authorization shall specify the services by type, scope, frequency, duration, dates, amounts, requirements, limitations, provider name and address, and all other information necessary to provide exact identification of approved benefits. Claims can not be adjudicated without this information.

E. The authorization shall remain in effect until such time as the MCSC determines that:

1. The beneficiary is no longer eligible for the ECHO; or
2. The authorized ECHO service or item is no longer appropriate or required by the beneficiary; or
3. The authorized ECHO service or item becomes a benefit through the TRICARE Basic Program.

F. The MCSC or Director, TAO may waive the required written authorization for rendered services and items that, except for the absence of the written authorization, would be allowable as an ECHO benefit.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 4.1

BENEFIT AUTHORIZATION

I. G. The MCSC or Director, TAO may waive the required public facility use certification when such waiver is appropriate. See [Chapter 9, Section 5.1](#).

II. EFFECTIVE DATE September 1, 2005.

- END -

TREATMENT

ISSUE DATE: July 3, 1997

AUTHORITY: [32 CFR 199.5\(c\)\(2\)](#)

I. PROCEDURE CODES

All valid and applicable HCPCS Levels I and II codes.

II. POLICY

A. Treatment through the use of medical, habilitative, or rehabilitative methods, techniques, therapies, equipment, prosthetic devices, orthopedic braces and appliances, may be cost-shared subject to all other applicable ECHO requirements.

B. Services cost-shared through the ECHO may be provided by an authorized institutional or individual professional provider on an inpatient or outpatient basis and rendered in the beneficiary's natural environment. This includes at home, at school, or other location that is suitable for the type of services being rendered.

III. EXCLUSIONS

Treatment services available under the TRICARE Basic Program are not eligible to be cost-shared under the ECHO.

IV. EFFECTIVE DATE September 1, 2005.

- END -

TRAINING

ISSUE DATE: July 3, 1997

AUTHORITY: 32 CFR 199.5(c)(3)

I. CPT¹ PROCEDURE CODES

97504, 97520, 97535, 97542, 99199, 99600

II. POLICY

A. Training when required to allow the use of an assistive technology device or to acquire skills which are expected to assist the beneficiary in reducing the disabling effects of a qualifying condition may be cost-shared as an ECHO benefit subject to all applicable ECHO requirements.

B. Training for parents (or guardians) and siblings of an ECHO beneficiary when required as an integral part of the management of the qualifying condition may be cost-shared as an ECHO benefit subject to all applicable ECHO requirements.

C. Vocational training, in the beneficiary's home or a facility providing such, is an allowed ECHO benefit.

D. Services cost-shared through the ECHO may be provided by an authorized institutional or individual professional provider on an inpatient or outpatient basis and rendered in the beneficiary's natural environment. This includes at home, at school, or other location that is suitable for the type of services being rendered.

III. EXCLUSIONS

Training services available under the TRICARE Basic Program are not eligible to be cost-shared under the ECHO.

IV. EFFECTIVE DATE September 1, 2005.

- END -

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

SPECIAL EDUCATION

ISSUE DATE: July 3, 1997

AUTHORITY: [32 CFR 199.5\(c\)\(4\)](#)

I. CPT¹ PROCEDURE CODES

99199, 99600

II. POLICY

A. Special education, within the meaning of such term as used in the Individuals with Disabilities Education Act (IDEA) and its implementing regulations and policies, may be cost-shared subject to all applicable ECHO requirements, and in particular, the requirement that other public programs and facilities be used to the extent available and adequate.

B. Identification of appropriate public facilities. The local educational agency with responsibility for the beneficiary is the sole public facility to provide public facility use certification for special education services.

C. The educational modality known as “Applied Behavioral Analysis (ABA)” is included as a benefit under this issuance when provided by a TRICARE-authorized provider. Payable services include periodic evaluation of the beneficiary, development of a treatment plan, and training of individuals to provide services in accordance with the treatment plan. TRICARE can also pay for the “hands-on” ABA services when provided by a TRICARE authorized provider. However, TRICARE can not pay for such services when provided by family members, trainers or other individuals who are not TRICARE-authorized providers (see [Chapter 9, Section 17.1](#)).

D. Services cost-shared through the ECHO may be provided by an authorized institutional or individual professional provider on an inpatient or outpatient basis and rendered in the beneficiary’s natural environment. This includes at home, at school, or other location that is suitable for the type of services being rendered.

E. See the TRICARE Operations Manual (TOM), [Chapter 20, Section 10](#) for information about the Department of Defense (DoD) Enhanced Access to Autism Services Demonstration.

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 9.1

SPECIAL EDUCATION

III. EXCLUSION

Special education services available under the TRICARE Basic Program are not eligible to be cost-shared under the ECHO.

IV. EFFECTIVE DATE September 1, 2005.

- END -

INSTITUTIONAL CARE

ISSUE DATE: July 3, 1997

AUTHORITY: [32 CFR 199.5\(c\)\(5\)](#)

I. CPT¹ PROCEDURE CODE

99199

II. POLICY

A. Institutional care when the severity of the qualifying condition requires protective custody or training in a residential environment, may be cost-shared subject to all applicable ECHO requirements.

B. In accordance with Title 10, Chapter 55, Section 1079(d)(4), United States Code, institutional care must be provided in private nonprofit, public and state institutions and facilities.

C. The requirements of [paragraph II.B.](#) notwithstanding, institutional care provided by a for-profit entity may be allowed only when the care for a specific ECHO beneficiary:

1. Is contracted for by a public facility, as defined in [32 CFR 199.2](#), as part of a publicly funded long-term inpatient care program; and
2. Is provided based upon the ECHO beneficiary's being eligible for the publicly funded program which has contracted for the care; and
3. Is authorized by the public facility as a part of a publicly funded program; and
4. Would cause a cost-share liability in the absence of TRICARE eligibility; and
5. Produces an ECHO beneficiary cost-share liability that does not exceed the maximum charge by the provider to the public facility for the contracted level of care.

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 10.1

INSTITUTIONAL CARE

III. EXCLUSIONS

A. Regardless of the beneficiary's condition, care within any type of institution for the primary purpose of providing custodial, domiciliary, hospice, or respite care is excluded from the ECHO.

B. Institutional care available under the TRICARE Basic Program is not eligible to be cost-shared under the ECHO.

IV. EFFECTIVE DATE September 1, 2005.

- 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.

IV. EFFECTIVE DATE September 1, 2005.

- END -

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

ECHO RESPITE CARE

ISSUE DATE: February 14, 2005

AUTHORITY: 32 CFR 199.5(c)(7) and (d)(19)

I. CPT¹ PROCEDURE CODES

99600

II. HCPCS PROCEDURE CODES

S9122 - S9124

III. DESCRIPTION

Respite care is short-term care for a patient in order to provide rest and change for those who have been caring for the patient at home, usually the patient's family.

IV. POLICY

A. ECHO registered beneficiaries are eligible to receive a maximum of 16 hours of respite care in any calendar month in which they also receive any other ECHO-authorized benefit other than the ECHO Home Health Care (EHHC) benefit.

B. Respite care consists of providing skilled and non-skilled services to a beneficiary such that in the absence of the primary caregiver, management of the beneficiary's ECHO-qualifying condition and safety are provided.

C. Respite care services are provided exclusively to the ECHO beneficiary.

D. In order to assure the quality of care for ECHO beneficiaries, all ECHO respite care services will be provided only by Medicare or Medicaid certified home health agencies (HHAs) who have in effect at the time of services a valid agreement to participate in the TRICARE program. Consequently, the EHHC benefit is available only in locations where there are Medicare or Medicaid certified HHAs.

NOTE: HHAs for which Medicare or Medicaid certification is not available due to the specialized categories of individuals they serve, for example, individuals that are under the

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 12.1

ECHO RESPITE CARE

age of 18 or who are receiving maternity care, must meet the qualifying conditions for corporate services provider status as specified in [Chapter 11, Section 12.1](#).

E. Currently the ECHO respite benefit is limited to the 50 United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.

F. HHAs are not required to use the comprehensive Outcome and Assessment Information Set (OASIS) when determining the services to be provided to a beneficiary under this policy.

G. For the purpose of ECHO respite care, beneficiaries are not required to have a written plan of care. However, at the time respite care is requested, the ECHO beneficiary's sponsor or designee is responsible for providing the Managed Care Support Contractor (MCSC) and the HHA with all information necessary to assure that respite care services are provided in accordance with [paragraph IV.B](#).

H. HHAs will use procedure codes [indicated in paragraphs I. and II.](#), to bill for benefits under this issuance.

I. Reimbursement to HHAs for ECHO respite care will be based on the allowable charge or rates negotiated by the MCSC.

J. The amount of the government's cost for respite care received in any month accrues to the maximum monthly [fiscal year ECHO](#) benefit of [\\$36,000](#).

K. Because ECHO respite care services are provided by HHAs, the TRICARE exclusion at [32 CFR 199.5\(d\)\(10\)](#) does not apply. That is, beneficiaries seeking ECHO respite care are not required to show that such services are paid for, or eligible for payment, either directly or indirectly, by a public facility, as defined in [32 CFR 199.2](#), or otherwise by Federal, State, or local government sources.

V. EXCLUSIONS

A. Baby-sitting or child care services for other family members or visitors is excluded.

B. ECHO respite care will not be provided to those beneficiaries who are receiving the EHHC benefit or the EHHC-Respite Care benefit.

C. ECHO respite care will not be provided to cover absences of the primary caregiver(s) due to deployment, training, employment, seeking employment, or pursuing education.

D. Except as provided in [paragraph IV.D.](#), ECHO respite care will not be provided in areas where Medicare or Medicaid certified HHAs are not available.

VI. EFFECTIVE DATE September 1, 2005.

- END -

OTHER ECHO BENEFITS

ISSUE DATE: July 3, 1997

AUTHORITY: [32 CFR 199.5\(c\)\(8\)](#)

I. CPT¹ PROCEDURE CODE

99199

II. HCPCS PROCEDURE CODE

T1013

III. POLICY

A. Assistive services. Subject to all applicable requirements, TRICARE may cost-share the services of a qualified interpreter or translator for Extended Care Health Option (ECHO) beneficiaries who are deaf and/or mute, readers for ECHO beneficiaries who are blind, and personal assistants for ECHO beneficiaries with other types of qualifying conditions, when such services are necessary to the rendering or delivery of an authorized ECHO service or item.

B. Equipment adaptation. Subject to all applicable requirements, TRICARE may cost-share such services and structural modification to the equipment as necessary to make the equipment serviceable for a particular disability.

C. Equipment maintenance. Reasonable repairs and maintenance for that portion of the useful life of beneficiary owned equipment that was cost-shared through the ECHO and is concurrent with the beneficiary's ECHO eligibility may be cost-shared as an ECHO benefit subject to all applicable requirements.

IV. EXCLUSIONS

A. Services available under the TRICARE Basic Program are not eligible to be cost-shared under the ECHO.

B. Service animals (seeing eye dogs, hearing/handicap assistance dogs, seizure and other detection animals, service monkeys, etc.) are excluded from coverage.

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 13.1

OTHER ECHO BENEFITS

V. EFFECTIVE DATE September 1, 2005.

- END -

DURABLE EQUIPMENT

ISSUE DATE: December 29, 1982

AUTHORITY: [32 CFR 199.2\(b\)](#), [32 CFR 199.5\(c\)\(2\)](#), [\(d\)\(7\)](#), and [\(g\)\(2\)](#)

I. HCPCS CODES

All valid codes.

II. DESCRIPTION

As defined in [32 CFR 199.2\(b\)](#), Durable Equipment is a device or apparatus which does not qualify as Durable Medical Equipment (DME) under the TRICARE Basic Program but which is essential to the efficient arrest or reduction of functional loss resulting from, or the disabling effects of a qualifying condition as provided in Chapter 9, [Sections 2.2](#) through [2.4](#). Examples of durable equipment are special computer peripheral devices (keyboard, mouse, etc.) or software that makes a computer functional to an ECHO beneficiary with a qualifying condition that would otherwise limit or prohibit the beneficiary's ability to use the computer; or an electrical/mechanical lifting device that raises an ECHO beneficiary in a wheelchair from ground level to first floor level of the beneficiary's residence.

III. POLICY

A. Durable equipment may be cost-shared when:

1. A physician has certified that the item is necessary for the treatment, habilitation, or rehabilitation of the beneficiary or to reduce the disabling effects of the qualifying condition.

2. A written authorization to purchase the item has been issued by the appropriate Managed Care Support Contractor (MCSC) or the Director, TRICARE Area Office (TAO) prior to the purchase.

B. Customization of ECHO-authorized durable equipment and any accessory or item of supply for any durable equipment may be provided if such customization, accessory, or supply item is essential for:

- a. Achieving therapeutic benefit for the beneficiary; or
- b. Making the equipment usable; or

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 14.1

DURABLE EQUIPMENT

- c. Otherwise assuring the proper functioning of the equipment; and
- d. Is not otherwise excluded from coverage by regulation or policy.

C. Installation of authorized durable equipment may also be cost-shared through the ECHO, however, alterations, such as those made to living spaces or vehicles to accommodate installation of such equipment, can not be cost-shared through the ECHO.

D. A sponsor/beneficiary cost-share, as described in [Chapter 9, Section 16.1](#), is required in the month in which the item is purchased.

E. Reasonable repairs and maintenance on authorized beneficiary-owned durable equipment may be cost-shared.

IV. EXCLUSIONS

A. Purchase or rental of durable equipment is excluded when:

1. The beneficiary is a patient in an institution or facility that ordinarily provides the same type of equipment to its patients at no additional charge in the usual course of providing services; or

2. The item is available from a local Uniformed Service medical treatment facility; or

3. The item has deluxe, luxury, immaterial or nonessential features that increase the cost to the Department relative to a similar item without those features; or

4. When the item is duplicate equipment, as defined in [32 CFR 199.2](#). This does not preclude the purchase of a replacement for an item that is no longer usable.

B. Exercise equipment, spas, whirlpools, hot tubs, swimming pools, health club membership, electronic devices used to locate or monitor the location of a beneficiary, and other similar charges or items are not considered durable equipment.

C. Rental of equipment is excluded unless it can be shown to be more cost-effective than purchase.

D. DME that is available under the TRICARE Basic Program is not eligible to be cost-shared under this issuance.

V. EFFECTIVE DATE September 1, 2005.

- END -

ECHO HOME HEALTH CARE (EHHHC)

ISSUE DATE: February 15, 2005

AUTHORITY: 32 CFR 199.5(e), (f)(3), (g)(4), and 32 CFR 199.6(b)(4)(xv)

I. CPT¹ PROCEDURE CODES

99341-99350, 99361-99375, 99600

II. HCPCS PROCEDURE CODES

G0151 - G0156, S9122 - S9124

III. DESCRIPTION

The ECHO Home Health Care (EHHHC) benefit provides medically necessary skilled services to eligible homebound beneficiaries whose needs exceed the limits of the Home Health Agency-Prospective Payment System (HHA-PPS) as described in the TRICARE Reimbursement Manual (TRM). Also included in the EHHHC is respite care under certain circumstances.

IV. BACKGROUND

Section 701 of the National Defense Authorization Act for Fiscal Year 2002 (NDAA FY 2002; Public Law 107-107; December 28, 2001) added a new Section 10 U.S.C. 1074j that establishes a comprehensive, part-time or intermittent home health care benefit to be provided in the manner and under the conditions described in Section 1861(m) of the Social Security Act (42 U.S.C. 1395x(m)). Consequently, the Department has adopted Medicare's benefit structure and prospective payment system for reimbursement of part-time or intermittent home health services. Known as the TRICARE HHA-PPS, this benefit limits coverage of home health services to a maximum of 35 hours per week and does not provide respite care services. NDAA-FY02 also established the program of "Extended Benefits for Disabled Beneficiaries" [10 U.S.C. 1079(d-f)]. This program of "comprehensive home health care supplies and services" includes cost effective and medically appropriate services other than part-time or intermittent services. As a result, eligible family members should be able to reside at home rather than be confined to institutional facilities.

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

V. POLICY

A. Eligibility.

1. TRICARE beneficiaries who are registered in the ECHO are eligible to receive ECHO Home Health (EHHC) when:

a. The beneficiary physically resides within the 50 United States, the District of Columbia, Puerto Rico, the Virgin Islands, or Guam; and

b. The beneficiary is homebound as defined in [paragraph VI.A.1.](#); and

c. The beneficiary requires medically necessary skilled services beyond the level of coverage provided by the TRICARE HHA-PPS; and/or

d. The beneficiary requires frequent interventions that are normally provided by the beneficiary's primary caregiver(s); and

e. The beneficiary is case-managed and the required services are specified in a physician-certified plan of care.

2. To avoid delaying receipt of EHHC services while completing the ECHO registration process, in particular awaiting completion of enrollment in the Exceptional Family Member Program (EFMP) of the sponsor's service, otherwise ECHO-eligible beneficiaries may be granted provisional eligibility for a period of not more than 90 days. Examples of beneficiaries who may be granted such status include, but are not limited to:

a. Newborns;

b. Recently adopted family members;

c. **Family members of new Active Duty Service Members (ADSMs), including members of the Reserve Component activated for a period of more than 30 days;** and

d. Other family members, who, because of injury, illness, or trauma become ECHO-eligible.

3. Upon completion of the ECHO registration process, the provisional status will be converted to permanent and subject to all other applicable requirements and made retroactive to the date of the request for EHHC or respite care services.

4. If it is determined that the beneficiary is not eligible for the ECHO, the provisional status will be terminated; authorization and government liability for ECHO benefits will also terminate at that time. The government will not recoup claims paid for ECHO benefits provided during the provisional period.

B. EHHC. The following are covered when provided in the beneficiary's home by participating TRICARE-authorized HHAs.

COST-SHARE LIABILITY

ISSUE DATE: December 16, 1985

AUTHORITY: [32 CFR 199.5\(f\)](#)

I. POLICY

A. ECHO allowable amounts are not subject to a deductible amount.

B. The sponsor/beneficiary ECHO cost-share for every month in which ECHO benefits, including the ECHO Home Health Care (EHHC) benefits, are received is according to the sponsor's pay grade as specified below, regardless of the number of dependents of that same sponsor receiving ECHO benefits in that month:

ECHO COST-SHARE AMOUNTS	
SPONSOR PAY GRADE CODE	SPONSOR COST-SHARE AMOUNT
E-1 through E-5	\$25
E-6	30
E-7 and O-1	35
E-8 and O-2	40
E-9, WO/WO-1, CWO-2, and O-3	45
CWO-3, CWO-4, and O-4	50
CWO-5, O-5	65
O-6	75
O-7	100
O-8	150
O-9	200
O-10	250

C. The sponsor/beneficiary is responsible for the appropriate amount shown in the above table plus any amount in excess of the government's maximum fiscal year coverage for any benefits received in a month or fiscal year, including the 90 day period the beneficiary is given "provisional" status.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 16.1

COST-SHARE LIABILITY

D. The sponsor/beneficiary cost-shares under the ECHO are in addition to those incurred for services and items received through the TRICARE Prime, Extra, and Standard options.

E. The sponsor/beneficiary cost-shares under the ECHO do not accrue to meeting the catastrophic cap in the TRICARE Basic Program.

F. The sponsor/beneficiary cost-shares in the above table that are applicable for ECHO benefits, other than EHC services, do not accrue to the EHC fiscal year benefit cap.

G. The government's maximum fiscal year cost-share for ECHO benefits applies to each beneficiary, regardless of the number of dependents with the same sponsor receiving ECHO benefits in that month or fiscal year.

H. The allowed cost of all services provided by this chapter, except the EHC, on or after October 14, 2008 accrue to the government's maximum fiscal year cost-share of \$36,000.

I. The government's maximum annual cost-share for the EHC benefit is as calculated in [Section 15.1](#).

II. EFFECTIVE DATE September 1, 2005.

- END -