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TRICARE
MANAGEMENT ACTIVITY

MB&RS

CHANGE 72
6010.54-M
FEBRUARY 29, 2008

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.54-M, issued August 2002.

CHANGE TITLE: AUTISM DEMONSTRATION PROJECT

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): Enhanced Access to Autism Services Demonstration.

EFFECTIVE AND IMPLEMENTATION DATE: March 15, 2008.

This change is made in conjunction with Aug 2002 TOM, Change No. 60, and Aug
2002 TSM, Change No. 56.

A handwritten signature in black ink, appearing to read "Reta Michak".

Reta Michak
Chief, Office of Medical Benefits
and Reimbursement Systems

ATTACHMENT(S): 9 PAGE(S)
DISTRIBUTION: 6010.54-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

CHANGE 72
6010.54-M
FEBRUARY 29, 2008

REMOVE PAGE(S)

CHAPTER 1

Section 17.1, page 1

CHAPTER 9

Section 3.1, pages 1 through 3

Section 9.1, pages 1 and 2

Section 17.1, pages 1 and 2

INSERT PAGE(S)

Section 17.1, pages 1 and 2

Section 3.1, pages 1 through 3

Section 9.1, pages 1 and 2

Section 17.1, pages 1 and 2

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) "C" AND "S" CODES

ISSUE DATE: November 6, 2007

AUTHORITY:

I. HCPCS "C" AND "S" CODES

C1000 - C9999; S0000 - S9999

II. DESCRIPTION

A. HCPCS "C" codes include device categories, new technology procedures, and drugs, biologicals and radiopharmaceuticals that do not have other HCPCS assigned.

B. HCPCS "S" codes are temporary codes used by the private sector to report drugs, services, and supplies for which there are no national codes.

III. POLICY

A. Upon implementation of TRICARE's Outpatient Prospective Payment System (OPPS), HCPCS "C" codes shall be paid according to OPPS guidelines as outlined in the TRICARE Reimbursement Manual (TRM), [Chapter 13](#). For hospital outpatient department (HOPD) services provided prior to the implementation of TRICARE's OPPS, and thereafter, for services by exempt OPPS hospitals, the contractor shall allow payment of HCPCS "C" codes consistent with current policy as stated in the TRM, [Chapter 1, Section 34, paragraph III.B](#).

B. Under TRICARE, "S" codes are not reimbursable **except as follows:**

1. S9122, S9123, and S9124 for the ECHO respite care benefit and the ECHO Home Health Care (EHHC) benefit; **and**

2. S0812, S1030, S1031, S1040, S2066, S2067, S2068, S2075, S2076, S2077, S2083, S2202, S2400, S2401, S2402, S2403, S2405, S2411, S3818, S3819, S3820, S3822, S3823, S8185, S8265, S8270, and S9430 for all beneficiaries; **and**

3. **S5108 for direct Educational Interventions for Autism Spectrum Disorders (EIA) services provided to TRICARE beneficiaries and S5110 for training services provided to family members of beneficiaries receiving EIA services under the Department of Defense (DoD) Enhanced Access to Autism Services Demonstration. (See the TRICARE Operations Manual (TOM), [Chapter 20, Section 10](#)).**

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002
CHAPTER 1, SECTION 17.1
HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) "C" AND
"S" CODES

C. Under TRICARE, HCPCS code S9999 is a recognized code for purposes of reporting sales tax but is not payable.

IV. EXCLUSIONS

HCPCS "C" codes are not allowed to be billed by independent professional providers.

- END -

REGISTRATION

ISSUE DATE: February 14, 2004

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

I. ISSUE

Section 701(b) of the National Defense Authorization Act for Fiscal Year 2002 (NDAA-FY2002), Public Law 107-107, requires that TRICARE beneficiaries must be “registered” in order to receive the benefits provided under Section 1079(d)-(f) of title 10, United States Code (USC). This registration policy will enhance the efforts to provide an integrated set of services and supplies to eligible TRICARE beneficiaries and insure effective utilization of program resources.

II. POLICY

A. The active duty sponsor (or other authorized individual acting on behalf of the beneficiary) will submit the following to the Managed Care Support Contractor (MCSC) or Director, TRICARE Area Office (TAO) responsible for administering the ECHO in the geographic area where the beneficiary resides:

1. Evidence that the sponsor is an active duty service member in one of the Uniformed Services.

2. Medical records, as determined necessary by the MCSC or Director, TAO, which demonstrate that the active duty family member has a qualifying condition in accordance with Chapter 9, [Sections 2.2](#) through [2.4](#), and who otherwise meets all applicable ECHO requirements.

3. Evidence, as provided by the sponsor’s branch of service, that the family, or family member seeking ECHO registration, is enrolled in the Exceptional Family Member Program (EFMP) provided by the sponsor’s branch of service.

a. This requirement is waived when either:

(1) The sponsor’s branch of service does not provide the EFMP; or

(2) The beneficiary seeks ECHO eligibility based on the “deceased sponsor” provisions listed in [Chapter 9, Section 2.1](#), or

(3) Other circumstances exist that make enrollment in the EFMP unnecessary or inappropriate, such as when an individual resides with the custodial parent who is not the active duty sponsor.

b. To avoid delaying receipt of ECHO services while completing the ECHO registration process, in particular awaiting completion of enrollment in the EFMP of the sponsor's service, the MCSC or Director, TAO may grant otherwise ECHO-eligible beneficiaries a provisional eligibility status for a period of not more than 90 days during which ECHO benefits will be authorized and payable. This provisional status is portable across managed care support contract regions and the TRICARE Overseas Program (TOP).

NOTE: The provisional status will terminate upon completion of the registration process or at the end of the 90 day period, whichever occurs first. The government liability for ECHO benefits will terminate at the end of the 90 day period. The government will not recoup claims paid for ECHO benefits provided during the provisional period.

NOTE: To provide services under the ECHO and the Department of Defense (DoD) Enhanced Access to Autism Services Demonstration ("Demonstration") while completing the ECHO registration process and the required diagnostic testing and clinical review (TRICARE Operations Manual (TOM), Chapter 20, Section 10) by beneficiaries not registered in the ECHO, the provisional status period is 120 days concurrently for the ECHO and the Demonstration. Subject to all other applicable requirements, ECHO and Demonstration benefits will be authorized and payable during the provisional status period. The provisional status period and the Government's liability for benefits received while a beneficiary is in the provisional status period will terminate upon the earliest occurrence of completion of enrollment in the Demonstration, or the end of the 120 day period, or upon determination that the requesting beneficiary is not otherwise eligible for either the ECHO or the Demonstration. The Demonstration is not available through the TOP.

4. Such other information as may be required by the MCSC or Director, TAO in order to determine whether or not the requesting beneficiary is eligible for the ECHO.

B. Upon determination that an active duty family member is eligible for the ECHO, the MCSC or Director, TAO will use the Defense Online Enrollment System (DOES) to annotate the beneficiary's Defense Enrollment Eligibility Reporting System (DEERS) record to reflect ECHO eligibility.

1. The MCSC or Director, TAO will provide the sponsor/beneficiary with written notification of the eligibility determination and that the beneficiary is registered in ECHO. Except as otherwise provided in paragraph II.A.3.b., the beneficiary is eligible to receive ECHO benefits as of the date of registration.

NOTE: Upon query through the Composite Health Care System (CHCS), the DEERS Eligibility Response will return the Health Care Delivery Plan (HCDP) code "400", which indicates the beneficiary is registered and eligible to receive ECHO benefits.

2. Determination that a beneficiary is not eligible for the ECHO is factual, therefore, such determination can not be appealed.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 3.1

REGISTRATION

C. At the time of registration, the MCSC or Director, TAO will also provide the sponsor/beneficiary with informational materials that, at a minimum, emphasize the ECHO is an optional program for active duty family members only and has unique qualifying and cost-sharing requirements.

D. The eligibility determination will remain in effect until such time as the MCSC or Director, TAO determines the beneficiary is no longer eligible for the ECHO. This may result from a loss of TRICARE eligibility, remediation of the qualifying condition, or a determination that the beneficiary does not otherwise meet the eligibility requirements of the ECHO.

E. In overseas areas where there are no managed care support contracts, the Director, TAO or designees are responsible for performing the ECHO registration process as outlined above.

F. The TRICARE Global Remote Overseas (TGRO) health care contractor is not responsible for administering any portion of the ECHO.

G. TRICARE does not charge a fee for registering in the ECHO, however, the sponsor/beneficiary may incur costs associated with the determination of eligibility for the ECHO. For example, the sponsor of a beneficiary who uses TRICARE Standard or Extra to receive diagnostic services that result in a diagnosis that is an ECHO qualifying condition, is liable for all relevant cost-shares associated with receipt of those diagnostic services through TRICARE Standard or Extra. Those cost-shares are not reimbursable under the ECHO. Additionally, TRICARE does not provide separate or additional reimbursement to providers for completion of forms, such as the DD 2792, **Exceptional Family Member Medical Summary**, or for reproducing, copying or transmitting records necessary to register in the ECHO. TRICARE will deny claims for such services.

III. EFFECTIVE DATE September 1, 2005.

- END -

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 codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

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 -

PROVIDERS

ISSUE DATE: August 4, 1988

AUTHORITY: [32 CFR 199.6\(e\)](#)

I. POLICY

A. Services and items cost-shared through the **ECHO** must be rendered by TRICARE authorized providers.

B. **ECHO** inpatient care providers: Inpatient care providers under the **ECHO** must:

1. Be a not-for-profit organization which primarily provides services to the disabled,
OR

2. Be a facility operated by the state or under state contract, AND

3. Meet all applicable licensing or certification requirements that are extant in the state, county, municipality, or other political jurisdiction in which the provider is located.

C. **ECHO** outpatient care providers. A provider of **ECHO** outpatient, ambulatory, or in-home services shall be:

1. An authorized provider of services as defined in [32 CFR 199.6](#), OR

2. An individual, corporation, foundation, or public entity that predominantly renders services of a type uniquely allowable as a **ECHO** benefit and not otherwise allowable as a benefit of [32 CFR 199.4](#), that meets all applicable licensing or other regulatory **requirements** that are extant in the state, county, municipality, or other political jurisdiction in which the **ECHO** service is rendered.

D. Individual professional providers authorized by [32 CFR 199.6](#) for the Basic Program are also authorized providers for the **ECHO**. Individual professional providers who can be authorized only under the **ECHO** must meet all applicable licensing and other regulatory requirements that are extant in that state, county, municipality, or other political jurisdiction in which the **ECHO** service is rendered, **or, in the absence of such licensing or regulatory requirements, as determined by the Director, TRICARE Management Activity or designee.**

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 17.1

PROVIDERS

E. For the purpose of services rendered in conjunction with Applied Behavioral Analysis (ABA) under the ECHO Special Education benefit (see [Chapter 9, Section 9.1](#)), TRICARE-authorized providers are those that:

1. Have a current State license to provide ABA services; or
2. Are currently State-certified as an Applied Behavioral Analyst; or
3. Where such State license or certification is not available, are certified by the Behavioral Analyst Certification Board (BACB) as either a Board Certified Behavior Analyst or a Board Certified Associate Behavior Analyst; and
4. Otherwise meet all applicable requirements of TRICARE-authorized providers.

F. ECHO vendor. A provider of an allowable ECHO item, supply, equipment, orthotic, or device shall be deemed to be an authorized vendor for the provision of the specific item, supply, equipment, orthotic, or device when the vendor supplies such information as the Managed Care Support Contractor (MCSC) or Director, TRICARE Area Office (TAO) determines necessary to adjudicate a specific claim.

G. Provider requirements for the Department of Defense (DoD) Enhanced Access to Autism Services Demonstration are indicated in the TRICARE Operations Manual (TOM), [Chapter 20, Section 10](#).

II. EFFECTIVE DATE September 1, 2005.

- END -