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TRICARE
MANAGEMENT ACTIVITY

MB&RB

CHANGE 87
6010.54-M
SEPTEMBER 10, 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 V.4.

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): These changes revise the definition section; the
beneficiary and provider participation requirements; the provider and beneficiary
reporting requirements; and other clarifications.

EFFECTIVE DATE: March 15, 2008.

IMPLEMENTATION DATE: September 17, 2008.

This change is made in conjunction with Aug 2002 TOM, Change No. 69, and Aug
2002 TSM, Change No. 64.

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Chief, Office of Medical Benefits
and Reimbursement Branch

ATTACHMENT(S): 5 PAGE(S)
DISTRIBUTION: 6010.54-M

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

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REMOVE PAGE(S)

CHAPTER 1

Section 17.1, pages 1 and 2

CHAPTER 9

Section 3.1, pages 1 through 3

INSERT PAGE(S)

Section 17.1, pages 1 and 2

Section 3.1, pages 1 through 3

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 24, 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; **S1040 for ECHO durable equipment**; and

2. S0812, S1030, S1031, S2066, S2067, S2068, S2075, S2076, S2077, S2083, S2202, S2360, S2361, 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 under the Department of Defense (DoD) Enhanced Access to Autism Services Demonstration. (See the TRICARE Operations Manual (TOM), [Chapter 20, Section 10](#)).

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"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

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(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.

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.

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.

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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 -

