

CLAIMS

ISSUE DATE: July 3, 1997

AUTHORITY: 32 CFR 199.5(g) and 32 CFR 199.7

I. POLICY

A. Only ECHO-authorized benefits may be processed as an ECHO claim. Benefits that are available through the TRICARE Basic Program are not eligible to be cost-shared through the ECHO.

B. Government and beneficiary cost-share liability for ECHO benefits are indicated in Chapter 9, Section 16.1.

C. Pricing of ECHO services and items shall be determined in accordance with the TRICARE Reimbursement Manual.

D. All ECHO claims must have a valid written authorization. The Managed Care Support Contractor (MCSC) or TRICARE Overseas Program Regional Director (TOP-RD) may waive the requirement for a written authorization for rendered ECHO services/items that, except for the absence of the written authorization, would be allowable as an ECHO benefit.

E. Services or items on an ECHO claim which do not have a corresponding line item on an authorization document shall be denied.

F. Charges for Basic Program benefits and ECHO benefits shall be split as individual line items on ECHO and ECHO Home Health Care (EHHC) claims.

G. The "billed amount" for ECHO procedures or items is the actual billed amount, not the \$2,500 ECHO benefit limit amount.

H. ECHO claims shall be paid the amount authorized, as indicated on the ECHO authorization, or the benefit limit, whichever is lower.

I. 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.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 18.1

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I II. EFFECTIVE DATE April 1, 2005.

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