

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.

D. 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.

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 9, SECTION 10.1

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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.

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