

## Institutional Care

Issue Date: July 3, 1997

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

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### 1.0 CPT<sup>1</sup> PROCEDURE CODE

99199

### 2.0 POLICY

**2.1** 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 Extended Care Health Option (ECHO) requirements.

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

**2.3** The requirements of [paragraph 2.2](#) notwithstanding, institutional care provided by a for-profit entity may be allowed only when the care for a specific ECHO beneficiary:

**2.3.1** 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

**2.3.2** Is provided based upon the ECHO beneficiary's being eligible for the publicly funded program which has contracted for the care; and

**2.3.3** Is authorized by the public facility as a part of a publicly funded program; and

**2.3.4** Would cause a cost-share liability in the absence of TRICARE eligibility; and

**2.3.5** 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.

**2.4** 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.

### 3.0 EXCLUSIONS

**3.1** 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.

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**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Chapter 9, Section 10.1

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

**4.0 EFFECTIVE DATE**

September 1, 2005.

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