

ECHO RESPITE CARE

ISSUE DATE: February 14, 2005

AUTHORITY: 32 CFR 199.5(c)(7) and (d)(19)

I. CPT¹ PROCEDURE CODES

99600

II. HCPCS PROCEDURE CODES

S9122 - S9124

III. DESCRIPTION

Respite care is short-term care for a patient in order to provide rest and change for those who have been caring for the patient at home, usually the patient's family.

IV. POLICY

A. ECHO registered beneficiaries are eligible to receive a maximum of 16 hours of respite care in any calendar month in which they also receive any other ECHO-authorized benefit other than the ECHO Home Health Care (EHHC) benefit.

B. Respite care consists of providing skilled and non-skilled services to a beneficiary such that in the absence of the primary caregiver, management of the beneficiary's ECHO-qualifying condition and safety are provided.

C. Respite care services are provided exclusively to the ECHO beneficiary.

D. In order to assure the quality of care for ECHO beneficiaries, all ECHO respite care services will be provided only by Medicare or Medicaid certified home health agencies (HHAs) who have in effect at the time of services a valid agreement to participate in the TRICARE program. Consequently, the EHHC benefit is available only in locations where there are Medicare or Medicaid certified HHAs.

NOTE: HHAs for which Medicare or Medicaid certification is not available due to the specialized categories of individuals they serve, for example, individuals that are under the

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

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age of 18 or who are receiving maternity care, must meet the qualifying conditions for corporate services provider status as specified in [Chapter 11, Section 12.1](#).

E. Currently the ECHO respite benefit is limited to the 50 United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.

F. HHAs are not required to use the comprehensive Outcome and Assessment Information Set (OASIS) when determining the services to be provided to a beneficiary under this policy.

G. For the purpose of ECHO respite care, beneficiaries are not required to have a written plan of care. However, at the time respite care is requested, the ECHO beneficiary's sponsor or designee is responsible for providing the Managed Care Support Contractor (MCSC) and the HHA with all information necessary to assure that respite care services are provided in accordance with [paragraph IV.B](#).

H. HHAs will use procedure codes indicated in [paragraphs I. and II.](#), to bill for benefits under this issuance.

I. Reimbursement to HHAs for ECHO respite care will be based on the allowable charge or rates negotiated by the MCSC.

J. The amount of the government's cost for respite care received in any month accrues to the maximum fiscal year ECHO benefit of \$36,000.

K. Because ECHO respite care services are provided by HHAs, the TRICARE exclusion at [32 CFR 199.5\(d\)\(10\)](#) does not apply. That is, beneficiaries seeking ECHO respite care are not required to show that such services are paid for, or eligible for payment, either directly or indirectly, by a public facility, as defined in [32 CFR 199.2](#), or otherwise by Federal, State, or local government sources.

V. EXCLUSIONS

A. Baby-sitting or child care services for other family members or visitors is excluded.

B. ECHO respite care will not be provided to those beneficiaries who are receiving the EHHC benefit or the EHHC-Respite Care benefit.

C. ECHO respite care will not be provided to cover absences of the primary caregiver(s) due to deployment, training, employment, seeking employment, or pursuing education.

D. Except as provided in [paragraph IV.D.](#), ECHO respite care will not be provided in areas where Medicare or Medicaid certified HHAs are not available.

VI. EFFECTIVE DATE September 1, 2005.

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