

## Other Extended Care Health Option (ECHO) Benefits

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

99199

### 2.0 HCPCS PROCEDURE CODES

[A4520](#), [T1013](#), [T4521- T4536](#), [T4539](#), and [T4543 - T4544](#)

### 3.0 POLICY

**3.1** Assistive services. Subject to all applicable requirements, TRICARE may cost-share the services of a qualified interpreter or translator for Extended Care Health Option (ECHO) beneficiaries who are deaf and/or mute, readers for ECHO beneficiaries who are blind, and personal assistants for ECHO beneficiaries with other types of qualifying conditions, when such services are necessary to the rendering or delivery of an authorized ECHO service or item.

**3.2** Equipment adaptation. Subject to all applicable requirements, TRICARE may cost-share such services and structural modification to the equipment as necessary to make the equipment serviceable for a particular disability.

**3.3** Equipment maintenance. Reasonable repairs and maintenance for that portion of the useful life of beneficiary owned equipment that was cost-shared through the ECHO and is concurrent with the beneficiary's ECHO eligibility may be cost-shared as an ECHO benefit subject to all applicable requirements.

**3.4** Personal incontinence supplies (i.e., diapers) that support skin integrity and prevent deterioration of skin due to incontinence may be cost-shared as medical supplies for ECHO beneficiaries age three and older who are incontinent as a result of spinal, neurologic, and/or mobility issues, subject to all other applicable ECHO requirements. Authorization requirements and ECHO monthly cost-shares and fiscal year caps apply. Refer to [Chapter 11, Section 9.1](#) for receipt requirements and a description of appropriate vendors. Reimbursement for personal incontinence supplies (i.e., diapers) shall be made at the lesser of the billed charge or negotiated rate giving consideration for the base purchase price, applicable tax and shipping. To be eligible for reimbursement, personal incontinence supplies must be purchased for exclusive use by an ECHO beneficiary who meets the eligibility criteria stated above.

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

Chapter 9, Section 13.1

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**4.0 EXCLUSIONS**

**4.1** Services available under the TRICARE Basic Program are not eligible to be cost-shared under the ECHO.

**4.2** Service animals (seeing eye dogs, hearing/handicap assistance dogs, seizure and other detection animals, service monkeys, etc.) are excluded from coverage.

**4.3** Personal incontinence supplies, for infants and children under age three, are not eligible to be cost-shared under the ECHO.

**4.4** Personal incontinence supplies not specifically identified under paragraph 2.0 (e.g., diaper creams, bed pads, etc.) are excluded from coverage. This includes (but is not limited to) any supplies identified with codes E1399 and A4335 (Miscellaneous DME).

**5.0 EFFECTIVE DATES**

**5.1** September 1, 2005, for benefits other than personal incontinence supplies.

**5.2** October 1, 2015, for personal incontinence.

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