

## Point Of Service (POS) Option

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### 1.0 DESCRIPTION

The Point Of Service (POS) option applies under TRICARE Prime only. It gives TRICARE Prime enrollees the freedom to obtain services from any civilian provider. Under the POS option, when Prime enrollees self-refer to a civilian authorized provider other than their Primary Care Manager (PCM), TRICARE Standard coverage requirements apply unless otherwise stated in this section.

### 2.0 POLICY

**2.1** Self referred non-emergency specialty or inpatient care provided to a TRICARE Prime enrollee either within or outside the network, which is neither provided by the patient's PCM or referred by the PCM, nor authorized by the contractor, may be reimbursed under the POS option if it is a benefit under TRICARE Standard.

**2.2** Contractors shall apply Prime copayments, not POS cost-sharing provisions when PCMs, network providers and/or the contractor do not follow established referral/authorization procedures. For example, if the contractor processes a claim without evidence of an authorization and/or a referral under POS provisions, and the contractor later verifies that the PCM or other appropriate provider referred the beneficiary for the care, the contractor shall adjust the claim under Prime provisions. The contractor need not identify past claims, however the contractor shall adjust these claims as they are brought to their attention.

**2.3** On a case-by-case basis, following stabilization of the patient, the contractor or Military Treatment Facility (MTF) Commander may require a TRICARE Prime beneficiary to transfer to a network facility or the MTF. The contractor shall provide written notice to the beneficiary (or responsible party) advising them of the impending transfer to a network facility or MTF. If the beneficiary elects to remain in the non-network facility, and the facility is exempt from the TRICARE DRG-based payment system, POS cost-sharing will begin 24 hours following receipt of the written notice. If the non-network facility is subject to the TRICARE DRG-based payment system, then POS cost-sharing will be based on the total DRG allowed amount. Neither the contractor nor the MTF Commander may require a transfer until such time as the transfer is deemed medically safe.

**2.4** POS deductible and cost-share amounts follow for TRICARE Prime enrollees:

**2.4.1** Enrollment year deductible for outpatient claims (deductible amounts do not apply to inpatient claims): \$300 per individual; \$600 per family.

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**2.4.2** Beneficiary cost-share for inpatient and outpatient claims: 50% of the allowable charge after the deductible has been met.

**2.5** POS deductible and cost-share amounts are NOT creditable to the enrollment/fiscal year catastrophic cap and they are not limited by the cap.

**2.6** POS deductible and cost-sharing do not apply to the claims for care received by certain newborn and newly adopted children who have been deemed to be enrolled in TRICARE Prime through the 60th day after birth or adoption (see the TRICARE Policy Manual (TPM), [Chapter 10, Section 3.1](#)).

**2.7** TRICARE Prime enrollees have no Non-Availability Statement (NAS) requirements, even under the POS option.

**2.8** All TRICARE coverage provisions apply to POS claims with the exceptions noted in this section.

### **3.0 EXCEPTIONS**

**3.1** The TRICARE Prime Clinical Preventive Services do not require preauthorization or authorization. Most of the services covered as Clinical Preventive Services are provided directly or ordered by the patient's PCM. In those cases that patients can self-refer for services (i.e., eye examinations), patients must use network providers. If the patient does not use a network provider, payment will be made under the POS option ONLY for services that are otherwise covered under TRICARE Standard.

**3.2** POS cost-sharing and deductible amounts do not apply if an enrollee has other health insurance that provides primary coverage, i.e., the other health insurance must be primary under the provisions of [Chapter 4, Section 1](#); and documentation that the other insurance processed the claim and of the exact amount paid must be submitted with the TRICARE claim. TRICARE Prime provisions apply for this type of claim.

**3.3** POS cost-sharing does not apply to TRICARE Prime enrollees who obtain outpatient mental health care from a network provider without a referral from their PCM.

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