CHAPTER 12
SECTION 10.1

TRICARE PRIME - POINT OF SERVICE OPTION

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I. DESCRIPTION

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

II. POLICY

A. Non-emergency specialty or inpatient care provided to a TRICARE Prime enrollee either within or outside the network, which is not either provided by the patient's PCM or referred by the PCM and specifically authorized by the Health Care Finder, may be reimbursed under the Point of Service option if it is a benefit under TRICARE Standard.

B. On a case-by-case basis, following stabilization of the patient, the contractor or 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, Point of Service cost-sharing will begin 24-hours following receipt of the written notice. Neither the contractor nor the MTF Commander may require a transfer until such time as the transfer is deemed medically safe.

C. Point of Service deductible and cost-share amounts follow for TRICARE Prime enrollees:

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

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

D. Point of Service claims are subject to special limitations in coordination of benefits. The TRICARE payment is limited to 50 percent of the allowed amount. When payment is made by other coverage, it is applied first to 50 percent of the allowed amount. Any remaining portion would be paid by TRICARE less deductible and cost-share amounts. The total TRICARE payment still cannot be more than 50 percent of the allowed amount.

E. Point of Service deductible and cost-share amounts are NOT creditable to the enrollment year catastrophic cap and they are not limited by the cap. (See Chapter 12, Section 2.2 for information on catastrophic caps under TRICARE.)

F. Contractors shall credit Point of Service deductible and cost-share amounts to the $1,000/$7,500 fiscal year catastrophic cap for Prime enrollees. The cap, however, does not apply to POS claims; i.e., a TRICARE Prime enrollee shall pay deductible and cost-share amounts for Point of Service claims even after his/her out-of-pocket expenses exceed either the fiscal year or enrollment year catastrophic cap amount. The government will pay no more than 50% of the allowable charge for any care covered under the Point of Service option.

G. Point of Service deductible and cost-sharing do not apply to the claims for care received by certain newborn and newly adopted children who have been automatically enrolled in TRICARE Prime according to the provisions in OPM Part Three, Chapter 4, Section II.F.4.b.

H. TRICARE Prime enrollees have no NAS requirements, even under the Point of Service Option (see Chapter 11, Section 2.1).

I. All TRICARE coverage provisions apply to Point of Service claims with the exceptions noted in this section.

III. EXCEPTIONS

A. TRICARE Prime enrollees are entitled to receive the first eight mental health sessions without PCM referral or preauthorization. (See OPM Part Three, Chapter 3.) If the care is provided by a network provider, the claim is to be processed under TRICARE Prime rules. The network provider will notify the Health Care Finder of the care and obtain authorization on behalf of the beneficiary. This authorization is only to permit claims processing and does not include or represent a clinical review. Point of Service cost-sharing applies to claims for the first eight (8) mental health sessions provided by a non-network provider.

B. The TRICARE Prime Clinical Preventive Services (Chapter 12, Section 8.1) 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 Point of Service option ONLY for services that are otherwise covered under TRICARE Standard.

C. Point of Service cost-sharing does not apply if a beneficiary has other health insurance that is primary.

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