

POINT OF SERVICE (POS) OPTION (PRIME)

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I. DESCRIPTION

The Point of Service Option applies under TOP Prime only. It gives TOP Prime enrollees the freedom to obtain services from any TRICARE authorized civilian provider. Under the Point of Service 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.

II. POLICY

The TOP Point of Service Option does not apply to ADSM overseas/stateside care.

A. Self-referred, non-emergency, specialty, inpatient care provided to a TRICARE Overseas Program (TOP) Prime enrollee by a network or non-network host nation provider, which is not either provided/referred by the beneficiary's PCM and specifically authorized by the appropriate TOP Regional Director or designee may be reimbursed only under the TOP Prime Point of Service option if it is a benefit under TRICARE Standard.

B. The Managed Care Support Contractor (MCSC) shall adjust TOP TRICARE Prime copayments, not Point of Service cost-sharing provisions when TOP PCMs or Health Care Finders do not follow established referral/authorization procedures. For example, if the **overseas** MCSC processes a claim without evidence of an authorization and/or a referral under Point of Service provisions, and the **overseas** MCSC later verifies that the PCM or other appropriate provider referred the beneficiary for the care, the **overseas** MCSC shall adjust the claim under Prime provisions. The **overseas** MCSC need not identify past claims, however, the **overseas** MCSC shall adjust these claims as they are brought to their attention.

C. On a case-by-case basis, following stabilization of the patient, the TOP Regional Director/MTF Commander may require a TRICARE Prime beneficiary to transfer to a TOP network facility or the MTF. The TOP Regional Director/MTF Commander shall provide written notice to the beneficiary (or responsible party) advising them of the impending transfer to a TOP network facility/MTF. If the beneficiary elects to remain in the non-network facility, TOP Point of Service cost-sharing will begin 24-hours following receipt of the written notice. Neither the Regional Director nor the MTF Commander may require a transfer until such time as the transfer is deemed medically safe.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 10.2

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D. The following deductible and cost share amounts apply to all TOP Prime Point of Service claims for health care services:

1. Enrollment year deductible for outpatient claims (no deductible applies to inpatient services): \$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 (deductible only applies to outpatient claims). See [Chapter 12, Section 2.3](#) for information on catastrophic caps under the TOP.

E. Point of Service deductible and cost-share amounts are NOT credible to the enrollment/fiscal year catastrophic cap and they are not limited by the cap.

F. Point of Service deductible and cost-sharing do not apply to the claims for care received by certain newborn and newly adopted children who are deemed enrolled in TOP Prime for the first 120 days.

G. TOP Prime enrollees have no NAS requirements, under the Point of Service option. Prime enrollees who wish to use the POS option may seek specialized treatment services (STSs) without evaluation by the STS facility (STSF), without Health Care Finder authorization, and without an STSF NAS.

H. All TRICARE coverage provisions apply to Point of Service claims with the "EXCEPTIONS" noted in this section.

III. EXCEPTIONS

A. TOP Prime enrollees are entitled to receive the first eight (8) outpatient mental health sessions in a fiscal year, all emergency care, ancillary services, drugs, and services provided by an Overseas Partnership provider. TOP Prime Point of Service cost-share may apply if the eighth (8th) outpatient mental health sessions are provided by a TOP non-network host nation provider without a Regional Director, or designee, authorization. **TOP Prime Point of Service cost-share may apply for inpatient non-urgent/emergent mental health care received without an authorization (see [Chapter 12, Section 11.1](#)).**

B. TOP Point of Service cost sharing only applies to TRICARE covered services.

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

D. TOP Point of Service does not apply to TRICARE Global Remote Overseas (TGRO) contractor claims.

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