



Submitting TRICARE® Authorization and Referral Requests

Understanding Beneficiary Types and TRICARE Plans

Active duty service members (ADSM)

- If enrolled in TRICARE Prime:
ADSMs must obtain referrals and pre-authorization for all care outside of the military hospital or clinic, except for emergency services.
- If enrolled in TRICARE Prime Remote:
ADSMs may be seen for civilian primary care without pre-authorization but need referrals and pre-authorization for all specialty care.

All others beneficiary types

- If enrolled in TRICARE Prime, TRICARE Prime Remote or TRICARE Young Adult – Prime: Referrals and pre-authorization are required for most, but not all, specialty care.
- If enrolled in TRICARE Select, TRICARE Retired Reserve, TRICARE Reserve Select, or TRICARE Young Adult – Select: Referrals aren't required, but pre-authorization may be required for certain services.
- If enrolled in TRICARE For Life: Medicare is primary. Visit www.tricare.mil/TFL or www.tricare4u.com.

Verifying Approval Requirements

- **Have you checked requirements?** Use our [Prior Authorization, Referral and Benefit tool](#).
- **Is it an ancillary service, such as diagnostic radiology or lab tests?** Use our [Ancillary Services Requirement tool](#) for approval requirements. Most ancillary services do not require a separate approval from Health Net Federal Services, LLC (HNFS).
- **Is it a limited benefit?** Check if we offer a [Letter of Attestation](#) you can attach instead of clinical documentation. This will expedite the review process!
- **Will the service be rendered at a freestanding ambulatory surgery center (FASC)?** Be sure to verify the procedure is on TRICARE's [list of approved procedures](#) that can be rendered at an FASC. (An FASC is a surgery center not attached to a hospital or owned by a hospital within a 35-mile radius.)

Submitting Your Online Request

Log in at www.tricare-west.com to access CareAffiliate®.

Learn more by watching our CareAffiliate video tutorial, using our step-by-step guides, or attending one of our provider webinars.

Accepting Military Providers' Electronic Signatures

If a service was referred by a military hospital or clinic and approved by HNFS, **HNFS' approval letter will serve as the signed order.**

- Our approval letter will include an electronic signature from the referring military provider.
- Look for the text, *"This Referral is Electronically Signed by the Ordering Provider"* at the end of the "Reason for Request" paragraph located on the first page of the letter. (Access copies of the letter through our [Authorization Status](#) tool.)
- Please do not request a separate order from the referring military provider. (**Note:** If you need additional clinical information, you may contact the referring provider.)

Beneficiary Costs/Fees

TRICARE updates beneficiary costs and fees each calendar year.

- ADSMs do not have out-of-pocket costs.
- Family member costs vary based on their sponsor's status and TRICARE health plan.

Visit our [Copayment and Cost-Share](#) pages or use TRICARE's cost tool at www.tricare.mil/costs. Find patient-specific costs, such as catastrophic cap amounts and deductibles met through our secure [Eligibility & Deductible](#) tool.

Provider Resources

Understanding the TRICARE West Region authorization and referral process is a big part of providing the best care for your TRICARE patients. Referrals are required for most specialty care under TRICARE Prime, while authorizations may be required for certain services under all TRICARE plans. Below are online resources you can use in your practice to help you avoid extra work for unnecessary requests or penalties (for network providers only) for services that require an approval.

Authorization Status Tool



Need to check the status of an existing referral or authorization? This guide provides step-by-step instructions on how to check status and print determination letters for your records.

Provider Webinars



Online webinars provide live training from the comfort of your home or office. Learn about the authorization and referral process and see real-time CareAffiliate demonstrations.

Go to www.tricare-west.com > *Provider* > *Resources* > *Online Provider Education* to find a date and time that works for you.

CareAffiliate® User Guide



This step-by-step guide walks you through using CareAffiliate, HNFS' comprehensive online submission tool for inpatient and outpatient requests. You must be logged in at www.tricare-west.com to access CareAffiliate.

Go to www.tricare-west.com > *Provider* > *Resources* > *Quick Reference Charts* for more information.

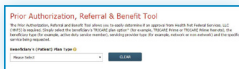
Request Type Guide



HNFS uses request types – templates that auto-complete associate billing codes, number of visits and approval duration – in its online submission tools. Use this guide to find the current list of specialty outpatient, inpatient and durable medical equipment request types to choose from when submitting authorization and referral requests to HNFS.

Visit www.tricare-west.com > *Provider* > *Resources* > *Quick Reference Charts* for more information.

Prior Authorization, Referral and Benefit (PARB) and Ancillary Services Approval Requirements Tools



The PARB tool allows you to easily determine HNFS' approval requirements, TRICARE benefit

limitations and patient copayments or cost-shares. Our Ancillary Services Approval Requirements tools tells you when HNFS approval is needed for diagnostic, radiology and lab tests. Before submitting an authorization or referral request to HNFS, save yourself time by first checking to see if an approval is needed.

Visit www.tricare-west.com > *Provider* > *Authorizations* > *Is Approval Needed?* for more information.

Video/Self-Paced Tutorials



If you can't make it to a live webinar, then watch one of our video tutorials at a time that works best for you.

Go to www.tricare-west.com > *Provider* > *Resources* > *Online Provider Education Recordings*.