



TRICARE West Region Appeal Denied Authorization Quick Reference Guide

Key Points

- Use this Quick Reference Guide (QRG) to appeal a denied authorization or check the status of your authorization appeals.

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Introduction

This guide will help you understand how to use the Authorization Appeals Form.

Use the Appeals Form when your referral or authorization is denied by TriWest. Make sure to include the **rationale for the request** and the **reason you think the referral/authorization should be covered**.

Authorization Appeals Form

Use the Authorization Appeals Form on the Beneficiary Portal.

- 1. Select the **Appeal** button from the **My Referrals/Authorizations** page.

Service

BEGIN DATE	END DATE	STATUS	DATE RECEIVED
CPT/HCPCS	CPT/HCPCS	QTY	TYPE
99242: off/op consltg new/est sf 20	99245: off/op consltg new/est hi 55	1	CPT
99202: office o/p new sf 15 min	99205: office o/p new hi 60 min	1	CPT
99211: off/op est may x req phy/qhp	99215: office o/p est hi 40 min	1	CPT

SERVICING PROVIDER	SPECIALTY	SUB-SPECIALTY	ADDRESS	PHONE

View Request Letter

View Medication List

Appeal

If you have questions regarding changing a service provider, visit the [Change Servicing Provider Information](#) page for more info.



- On the Authorization Appeals Form page, select the appropriate **Relationship to Patient/Beneficiary** from the dropdown menu. The available options are Appointed Representative, Parent/Legal Guardian, Self, or Sponsor.

Note: If you are an Appointed Representative, you must enter your information in addition to the beneficiary's information. You must also submit this form with the appeal: [Appointment of Representative and Authorization to Disclose Information Form](#)

Home > My Referrals / Authorizations > **Authorization Appeal**

Authorization Appeals form

View our authorization appeals pages to find information on the appeal process. Examples of appealable and non-appealable issues

Progress

Submitter Information

Fields with an asterisk (*) are required.

Relationship to Patient/Beneficiary *

Select One

Select One

Appointed Representative

Parent or Legal Guardian

Self

Sponsor

- Fill out the **Beneficiary Information** section, if necessary.

Beneficiary Information

Beneficiary First and Last Name *

Street Address *

City *

State *

Select One

Zip Code *

Phone *



4. Next, fill out the **Authorization Denial Information** section. The Type of Appeal can be **Routine** or **Urgent**.

Authorization Denial Information

Have the Services Occurred?

☐ Yes ☐ No

Type of Appeal

Select One

Date of Service Start *

Select Date

Date of Service End *

Select Date

5. Continue in the **Authorization Denial** section with details, as appropriate.
- A. Enter Authorization/Reference #s separated by commas below.
- B. CPT, HPC, or Description of Service or Procedure Denied (required).
- C. Date of Denied Authorization (required).

Enter Authorization/Reference #(s) separated by commas below.

CPT, HCPC, or Description of Service or Procedure Denied *

0/250

Appeals must be submitted within 10 days from the date of denial. Please be sure to include the reason for the delayed appeal if this date is more than 90 days.

Date of Denied Authorization *

Select Date

6. Then, fill out the **Issue in Dispute** section. Make sure to include why you're requesting the appeal and why you think the referral or authorization should be covered.

Issue in Dispute

Please state the specific reason for your appeal. Try to be brief, but be sure to include the rationale for your request or the reason you believe the service should be covered.



7. If you have any documents to attach, use the **Select Files** button. Attach up to 25 files no more than 25 MB.


A. If you want to send physical documents by mail or fax, select the **checkbox** next to “Please check this box if you intend to submit additional documentation via fax or mail.”

B. Fax additional documents to **1-866-852-1919** or mail to this address:

TriWest Healthcare Alliance
Appeals and Reconsideration Department
P.O. Box 2636
Virginia Beach, VA 23450
Email: T5AppealsReconsideration@Triwest.com

8. When finished, select **Submit**.

Attach Documents if applicable. (Up to 5 attachments. Only .pdf file format. No larger than 25MB.)


DRAG & DROP
to Upload

OR, SELECT FILES

☐ Please check this box if you intend to submit additional documentation via fax or mail.

You may send additional supporting documentation to TriWest Healthcare Alliance Appeals Department via fax 866-852-1919 or mail to:


TriWest Healthcare Alliance
Appeals and Reconsideration Department
P.O. Box 2636
Virginia Beach, VA 23450
Email: T5AppealsReconsideration@Triwest.com


Submit

9. A dialog box displays to confirm the submission.

Note: A link to the *Appeals Status Page* displays.

Complete 100%

 Thank you for submitting your appeal. To view the status of your appeal, visit the [Appeals Status Page](#).

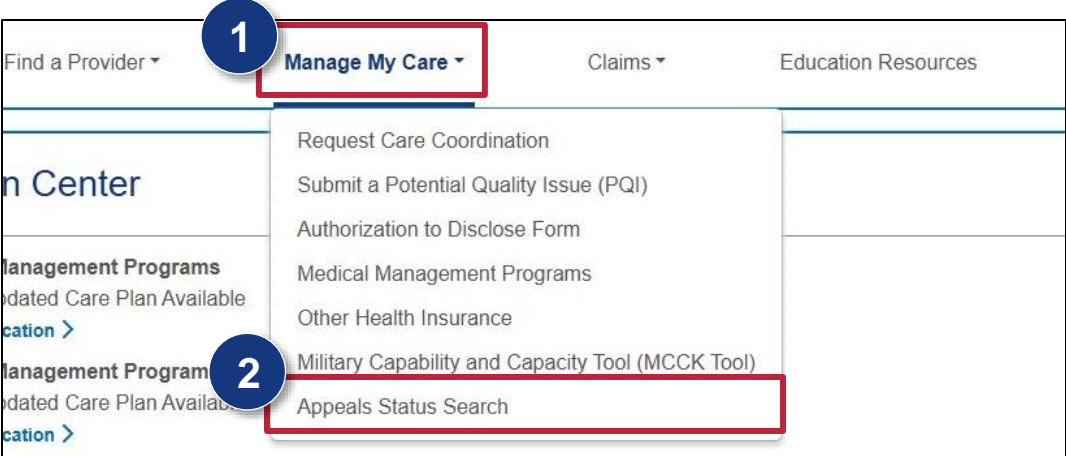
Dismiss 



Appeal Status

Check the status of your appeal through the Appeals Summary page, where you can track each submitted appeal, verify your information is correct, and view updates as your case moves through the review process.

- 1. Within the beneficiary portal, navigate to the **Manage My Care** section.
- 2. Select **Appeals Status Search** from the dropdown menu.



- 3. The **Appeals Summary** page will display where you can check the status of any appeals you've submitted. The Appeals Summary page includes:
 - A. **Appeal ID** – Number assigned to each appeal
 - B. **Reference Number** – Tracking number connected to your appeal
 - C. **Beneficiary Name** – Name of the individual the appeal is for
 - D. **DOD ID** – Your Department of Defense (DOD) ID number
 - E. **Status** – Shows if your appeal is being reviewed (example: "In Progress")
 - F. **Date Submitted** – Appeal submission date

The screenshot shows the 'Appeals Summary' page. The columns are labeled A through F, corresponding to the list items above. The table contains 4 rows of data, with the first row highlighted. The 'STATUS' column for the first row shows 'In Progress'.

APPEAL ID	REFERENCE #	BENEFICIARY	BENEFICIARY DOD ID	STATUS	DATE SUBMITTED
2005	000006216			In Progress	05/08/2025
1991	000006216			In Progress	05/07/2025
1934	000006216			In Progress	04/22/2025
1911	0000062303			In Progress	04/16/2025