TRICARE Alternative Referral/Authorization Form

Quick Reference Guide

For TRICARE West Region Providers

Key Points

- The online Alternative Referral/Authorization Form replaces faxing. Use the form to submit referral and authorization requests if the online referral management tool is unavailable.
- You must use the Referral/Authorization Decision Support (RADS) tool to determine if a service or TRICARE plan type requires a referral or authorization prior to using the Alternative Referral/Authorization Form.

Introduction

You should submit referrals and authorizations through the online referral management tool in Availity. If the tool is unavailable, or you are unable to select a provider or beneficiary within the tool, use the Alternative Referral/Authorization Form, also available in Availity.

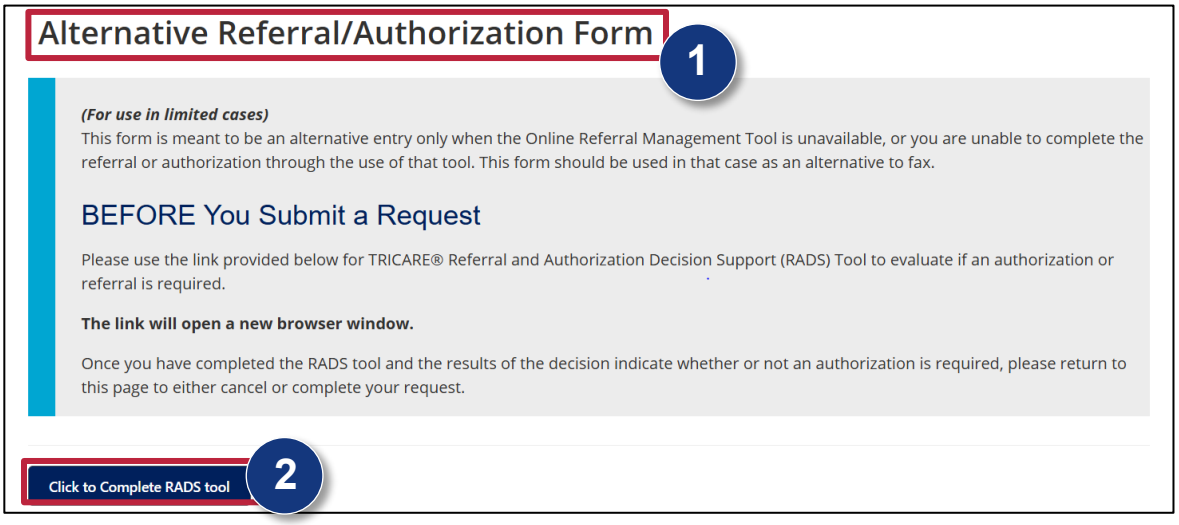
This form replaces the previous submission method of faxing referrals and authorizations. Only use this form as an alternative when you cannot submit a request using the online referral management tool which is still the preferred method.

Before submitting an Alternative Referral/Authorization Form, you must first determine if a referral or authorization is required. This guide will help you submit a referral or authorization request using the Alternative Referral/Authorization Form. It will also cover how to use the Referral and Authorization Decision Support (RADS) tool to determine if a service requires a referral or authorization.

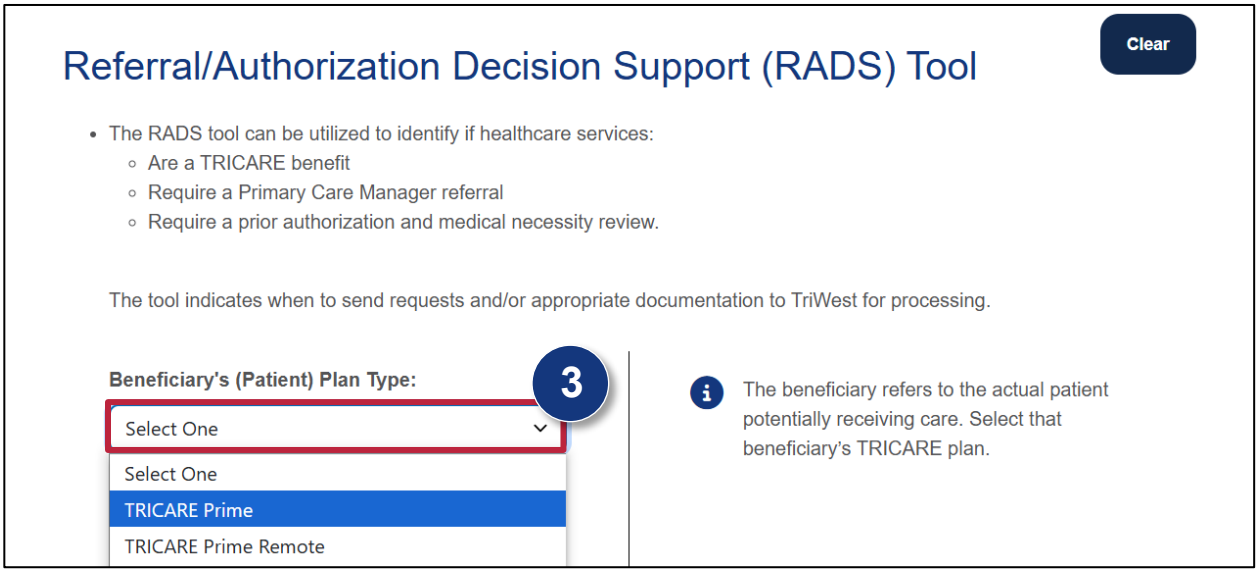
Using the Referral/Authorization Decision Support (RADS) Tool

1. Go to the **Alternative Referral/Authorization Form**. You can find this form on Availity.
   - Go to “Payer Spaces” in the upper menu
   - Choose “TRICARE West”
   - Scroll down to “Applications”
   - Select Alternative Referral/Auth Form

2. Select **Click to Complete RADS tool**. The RADS Tool opens.
   Note: *Do not close the Alternative Referral/Authorization Form page. The RADS Tool will open in a new window, but you will need the Alternative Referral/Authorization Form page open to complete later steps.*



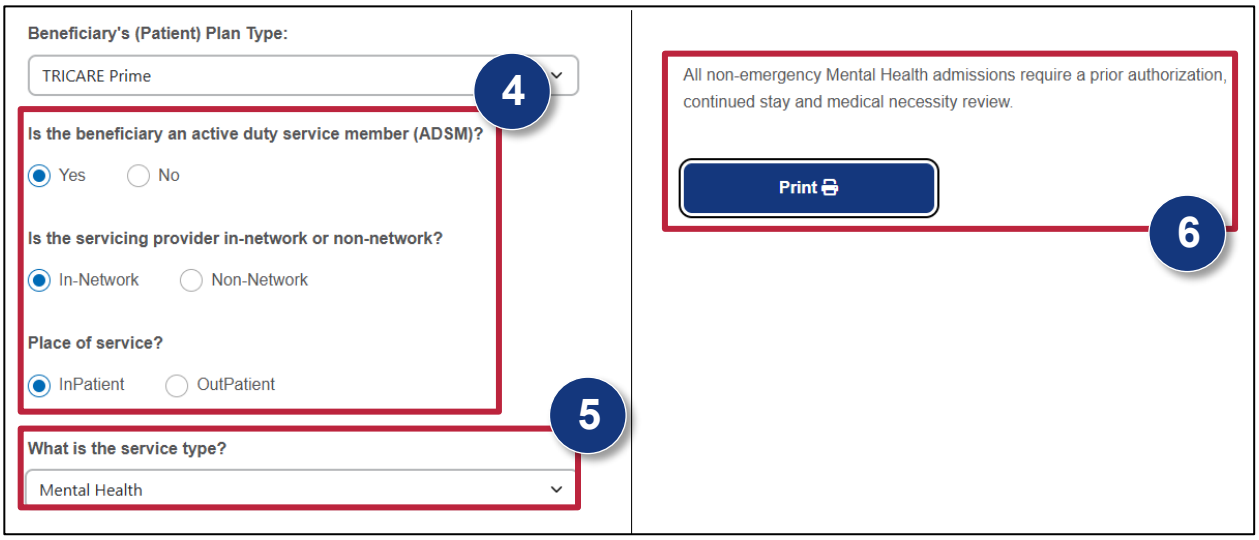
3. Select the beneficiary's TRICARE plan from the **Beneficiary's (Patient) Plan Type** drop-down field.
   Note: *Some plan types will automatically show the determination results if selected. Additional information and field explanations will appear next to the form.*



4. Select the appropriate answer to each multiple-choice question.
   Note*: The RADS Tool will ask follow-up questions depending on your answers. Ensure you complete each question. If questions are incomplete, the RADS Tool cannot give a determination.*

5. Select the service type from the **What is the service type?** drop-down field.
   Note: *This field provides multiple service categories to choose from. If you are unsure about what category to select, select* ***None of the Above****. This will let you enter a diagnosis code directly.*

6. Review your determination results once you have completed all fields. Select the **Print** button if you want to print a copy of your results.

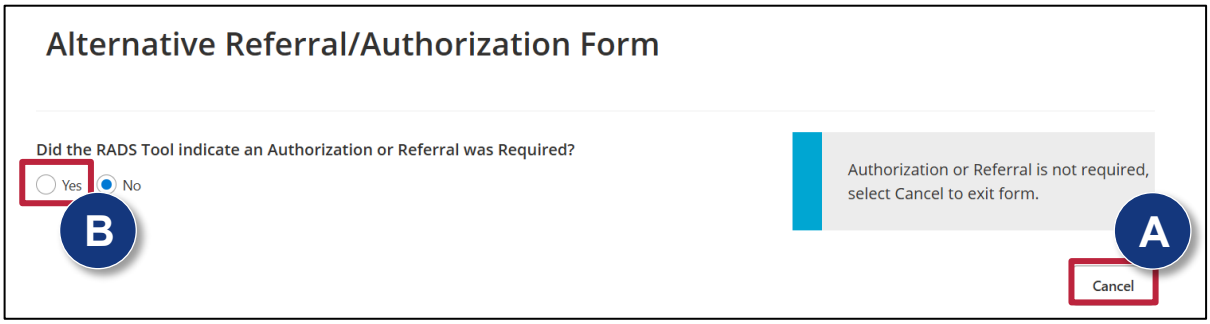


Using the Alternative Referral/Authorization Form

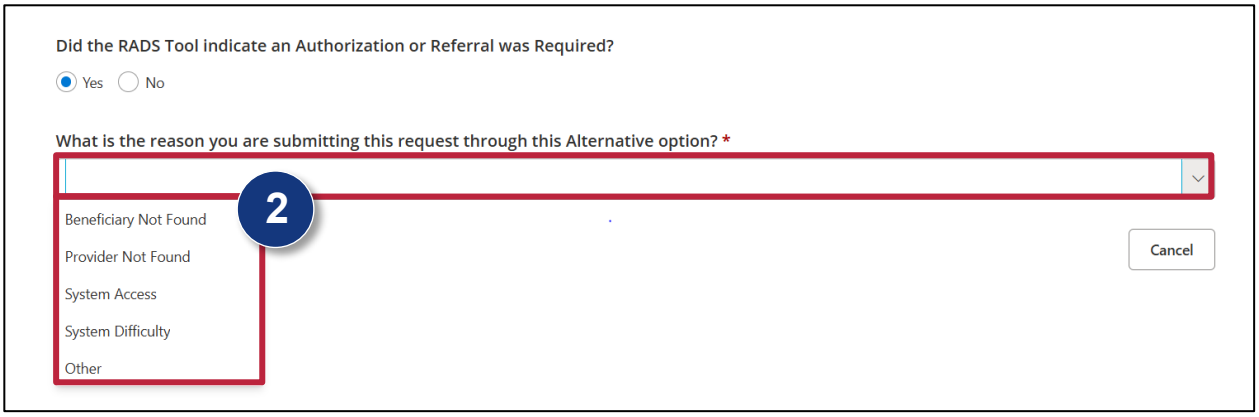
1. If the RADS Tool determines a referral/authorization is required and you are unable to access the online referral management tool, go back to the **Alternative Referral/Authorization Form** page/tab.

   A. Select **Cancel** if the service doesn't require an authorization or referral.

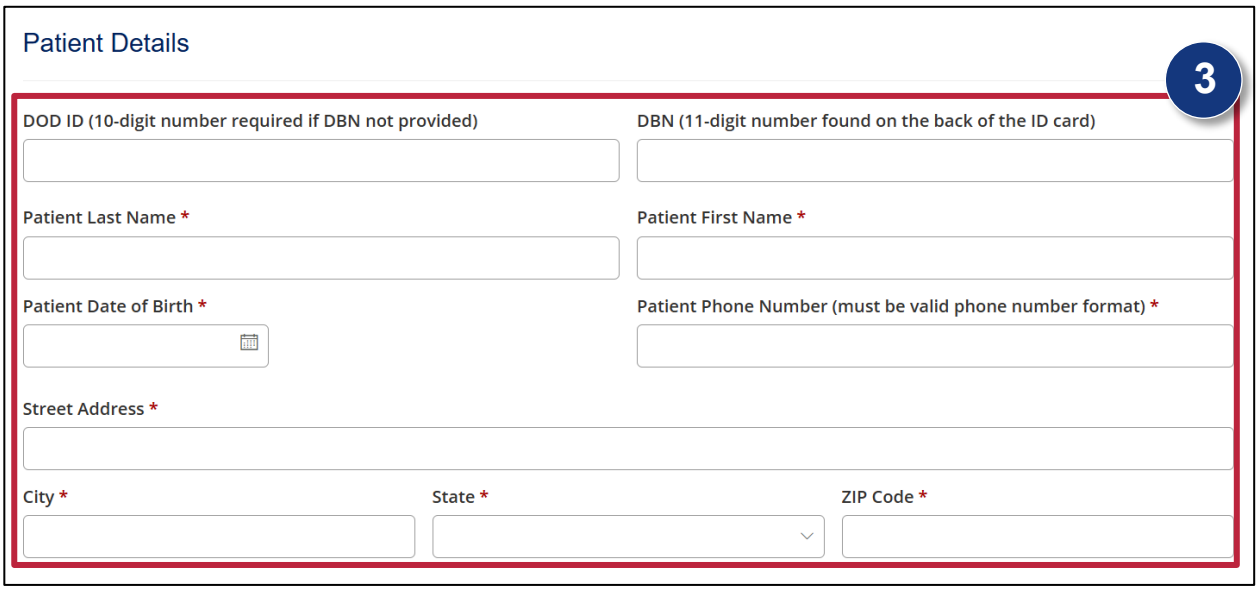
   B. Select **Yes** if the RADS Tool indicates that the service requires an authorization or referral. The page will update to include additional form fields.



2. Select the reason you're submitting a request with the Alternative Referral/Authorization Form from the drop-down field.



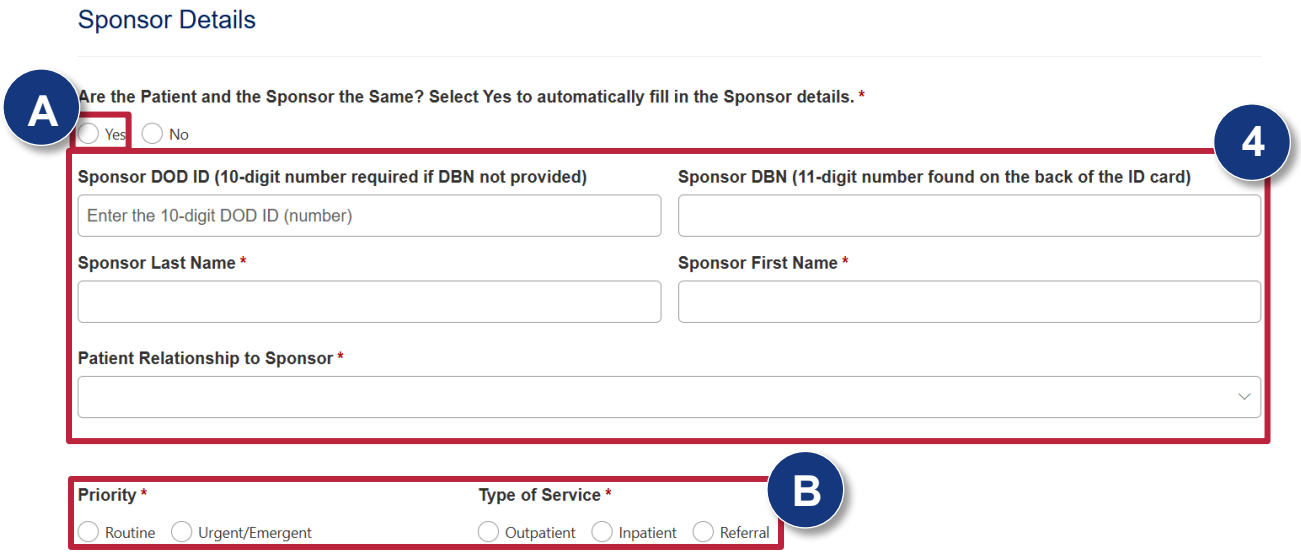
3. Complete the required **Patient Details** fields. Ensure you complete either the **DOD ID** (preferred) or **DBN** fields, but not both.
   Note: *You must complete fields marked with a red asterisk (*) to submit the form.*



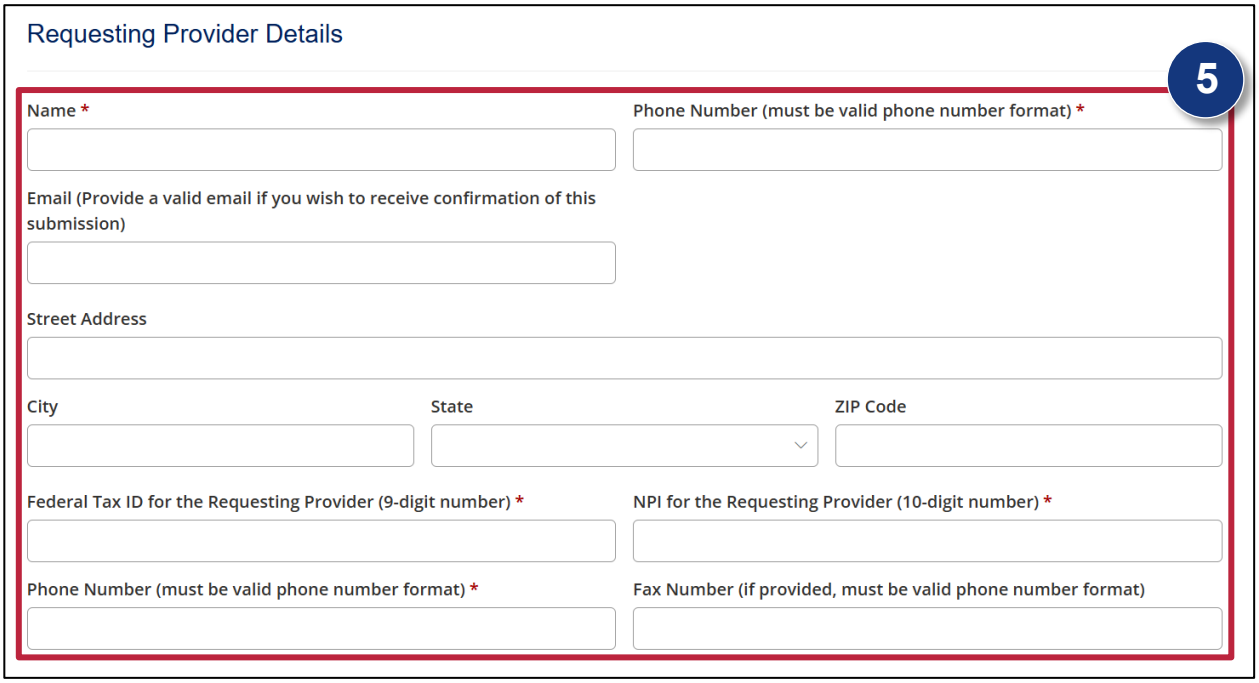
4. Complete the required **Sponsor Details** fields, which are denoted by a red asterisk (*).

   A. Select **Yes** to autofill the sponsor information if the sponsor and the beneficiary are the same.

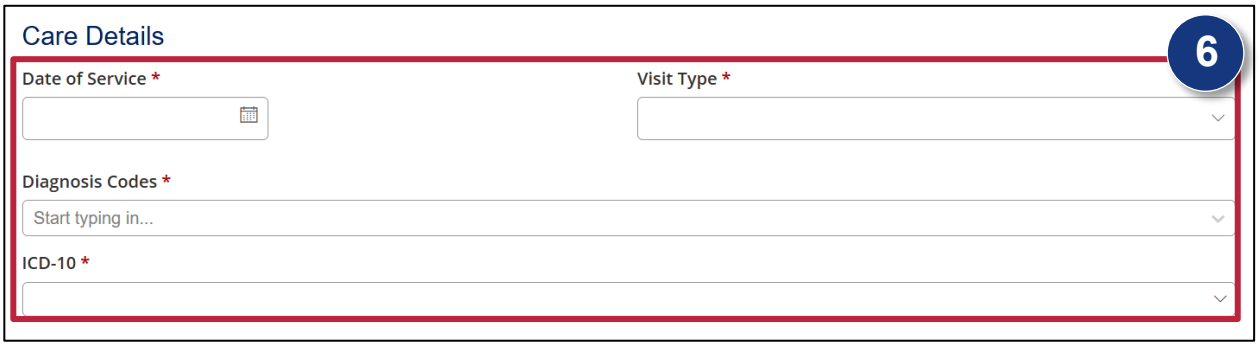
   B. Select a **Priority** and **Type of Service** option once the autofill is complete.



5. Complete the required **Requesting Provider Details** fields, which are denoted by a red asterisk (*).

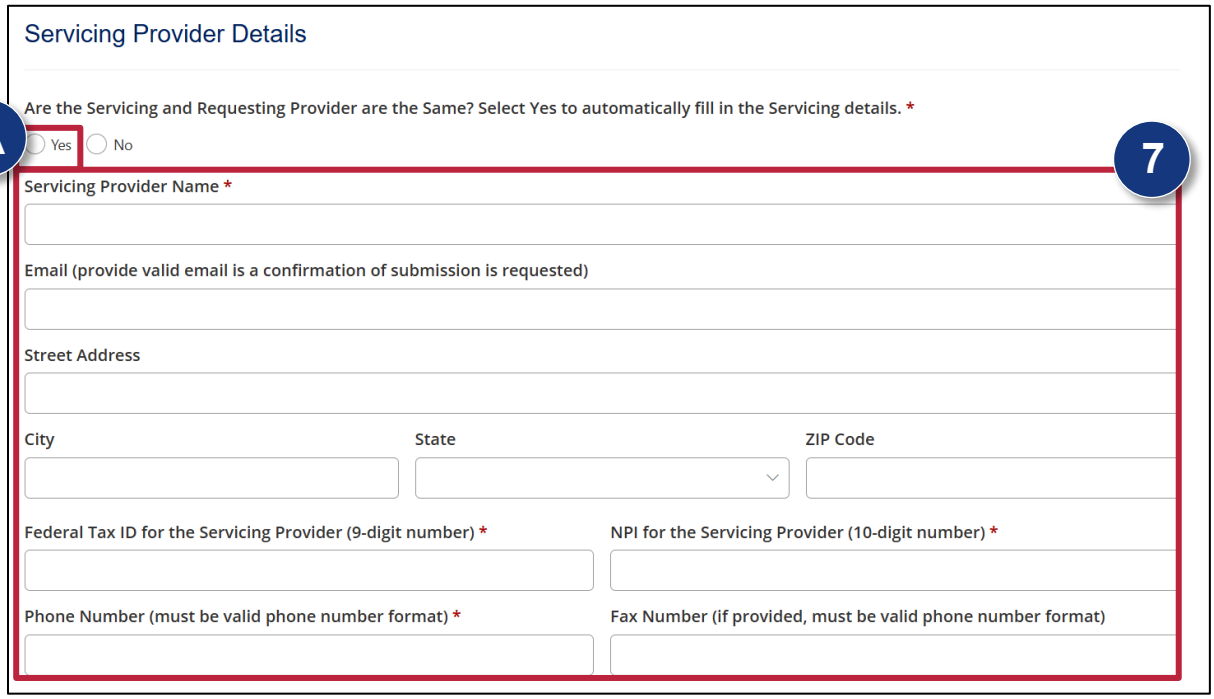


6. Complete the required **Care Details** fields, which are denoted by a red asterisk (*).
Note: *You can enter more than one diagnosis code.*



7. Complete the **Servicing Provider** Details fields.

   A. Select **Yes** to autofill the provider's information if the servicing and requesting providers are the same.



8. Complete the optional **Facility Details** fields if appropriate.

   A. Select **Yes** to autofill the provider's information if the facility and servicing providers are the same.

9. Select Submit.
   Note: *The submission won't go through if required fields are blank. Complete all required fields to submit the form.*