

# TRICARE Referral Management System User Guide

## For TRICARE West Region Providers

### Key Points

- To search for providers by NPI, set the ID Type to “HCFA National Provider ID.” You can enter the NPI into the Other ID field.
- Wildcard characters (\*) let you search for multiple key terms that start or end with the same letters. Use wildcard characters (\*) to get more search results.

### Introduction

If a Military Treatment Facility (MTF) or the beneficiary’s Primary Care Manager (PCM) cannot provide the service(s) or procedure(s) the beneficiary needs, TRICARE may require a referral or authorization so that the beneficiary can seek care with another provider. PCMs and providers can submit and modify requests for referrals and authorizations using the online referral management system in Applications on the TRICARE West Region Payer Space.

Use **Control+Select** to navigate to any section listed in **Contents below**.

**Note:** This guide is not comprehensive of features and may be subject to change. Access the latest version of this guide from the TRICARE West Region Payer Space in [Availability](#).

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## Is a Referral/Authorization Required?

Some services require a referral or authorization depending on the beneficiary's TRICARE plan. As an example:

- **TRICARE Prime:** TriWest requires a referral from the PCM before beneficiaries can seek care from other providers.
- **TRICARE Select:** TriWest does not require referrals to seek care from TRICARE-authorized providers.

Providers can use the Referral and Authorization Decision Support (RADS) Tool to help determine when to submit online referrals and authorizations and when to provide clinical documents. Before performing services, you should access the RADS tool in [Availability](#). Navigate to the TRICARE West Payer Space and select "**Is A Referral/Auth Required?**" to open the RADS tool.

[Applications](#) [Resources](#) [News and Announcements](#) Sort By [A-Z](#) ▼

THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!

[Access TriWest Learning Center](#)  
Find TriWest-specific training & resources in the learning center.

[Is A Referral/Auth Required?](#)  
Use TriWest's Referral and Authorization Decision Support Tool to find out.

[Submit Referral/Auth](#)  
TriWest Healthcare Alliance TriCare Payer Space, Applications



## Submit a Referral or Authorization Request

If a beneficiary does require a referral or authorization, you can access the Referral and Authorization Management Tool in the Availity TRICARE West Payer Space. Log in to the provider portal and navigate to the TRICARE West Payer Space. For step-by-step instructions and images on accessing the Payer Space, refer to the [Registering and Accessing the TRICARE West Secure Provider Portal Quick Reference Guide](#). Navigate to the Applications tab, then select **Submit Referral/Auth**.

The screenshot shows the 'Applications' tab selected in the top navigation bar. Below the navigation bar, there is a disclaimer: 'THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!'. Below the disclaimer, there are three cards. The first card is 'Access TriWest Learning Center' with the description 'Find TriWest-specific training & resources in the learning center.' The second card is 'Is A Referral/Auth Required?' with the description 'Use TriWest's Referral and Authorization Decision Support Tool to find out.' The third card is 'Submit Referral/Auth' with the description 'TriWest Healthcare Alliance TriCare Payer Space, Applications'. This third card is highlighted with a red border.

This will open the organization selection page. Select your organization from the drop-down menu, then select **Submit**. This will open the Referral and Authorization Management Tool.

The screenshot shows the 'Submit Referral/Auth' page. The main heading is 'Submit Referral/Auth'. Below the heading, there is a section titled 'Select an Organization'. This section contains a dropdown menu. The dropdown menu is open, showing two options: 'TriWest Healthcare Alliance CCN (Tax ID: 860813402)' and 'Triwest Healthcare Alliance TRICARE West (Tax ID: 860813402)'. The second option is highlighted with a red border. Below the dropdown menu, there are two buttons: 'Cancel' and 'Submit'.



To access the Referral and Authorization Management Tool, you must log in through [Availability](#). Providers should use the referral management portal to fill out the questionnaire and submit the required clinical information.

The PCM or requesting provider is responsible for:

- Selecting the correct TRICARE beneficiary.
- Identifying the appropriate Request Type (Episode of Care profile).
- Entering the requesting provider or facility.
- Identifying the specialty for the care or services the beneficiary needs.
- Adding diagnosis code(s).
- Providing a reason for referral to communicate effectively with the servicing provider, if needed.

In some cases, the PCM or requesting provider may also be responsible for:

- Adding procedures, to include specific Current Procedural Terminology (CPT) or Healthcare, Common Procedure Coding System (HCPCS) codes, quantity, and type.
- Entering required clinical information into a survey.
- Uploading relevant clinical document attachments to support requested services or communicate information to the servicing provider.

Follow the steps below to submit a referral or authorization request and attach supporting clinical information.

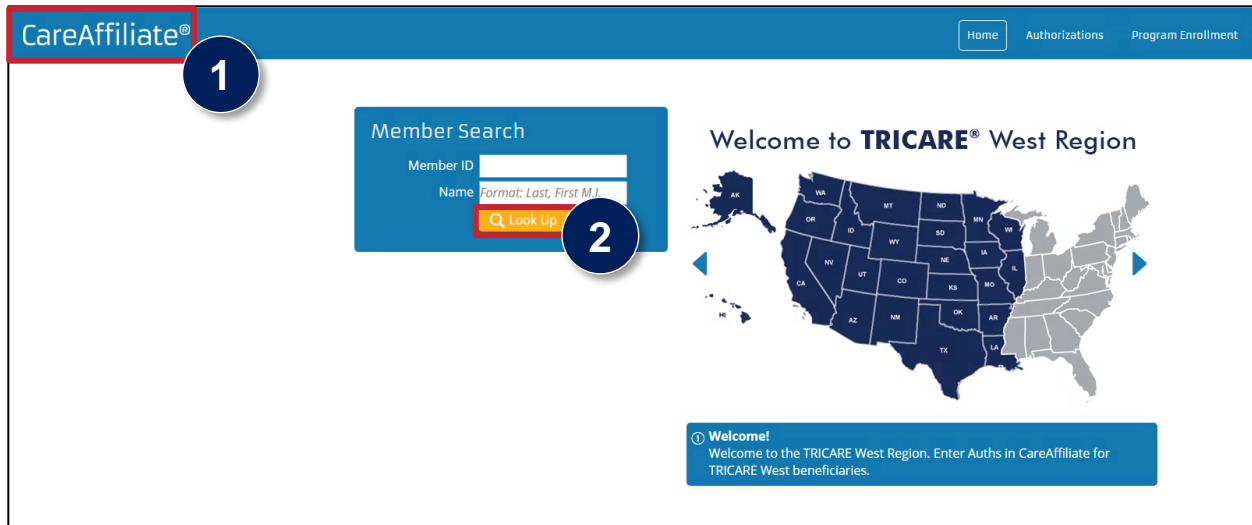
**Note:** *Attaching supporting clinical information helps reduce a request's processing time.*

## Not Sure Where to Start?

1. **I can't find my patient:** Refer to Step 1, pages 6-7.
2. **I can't find a provider:** Refer to Step 3, page 11, and page 25, questions 3-4.
3. **I don't know how to modify my referral or authorization request:** Refer to pages 22-24.

## Step 1: Verify Beneficiary Demographics

1. Navigate to the Referral and Authorization Management Tool home page.
2. Select the **Look Up** button. Since the fields have no information entered yet, the Member Search box will open.



CareAffiliate®

Home Authorizations Program Enrollment

1

Member Search

Member ID

Name  Format: Last, First, M.I.

Look Up

2

Welcome to **TRICARE®** West Region

AK WA OR ID MT ND SD NE IA IL IN OH PA NY NJ DE MD VA NC SC GA FL TX OK NM AZ UT CO KS MO AR LA

**Welcome!**  
Welcome to the TRICARE West Region. Enter Auths in CareAffiliate for TRICARE West beneficiaries.

3. Enter the beneficiary's name into the Name field or enter their Member ID into the Member ID field. When entering the name, enter the surname first, then the given name, then the middle initial (such as "Smith, John A").

**Note:** Search using only one search field, not both, for best results. Searches that are too broad (terms that return more than 1,000 results) may time out your search. Narrow down your search with more key terms if needed. Use the 10-digit DoD ID on the front of the ID card or the 11-digit Department of Defense Benefits Number (DBN) as the member ID. As of January 1, 2025, you currently cannot use an SSN as a searchable Member ID. You must enter at least five characters before you can use a wildcard character (\*) in the Name field.

4. Select **Search**.

**Note:** A wildcard character (\*) helps you search for multiple key terms that may start or end with the same letters. For example, entering "Wil\*" as the surname will return beneficiaries named Williams, Wilis, and more as search results.

5. Select the beneficiary's record from the result.

Member Search

Member ID

Name

Williams, Frank\*

Birth Date

Search

Clear

Cancel

1 records matched your criteria. Please choose a record from the grid below.

Member ID	Name	Gender	Birth Date
1	WILLIAMS, FRANK	MALE	1/1/2000

## Step 2: Create a New Authorization

1. Select **New** after the member populates.

**Note:** Submitting referrals on the Referral and Authorization Management Tool uses the same submission pages as authorizations. For example, if you want to create a new referral request, you will still select **New** on the Member Search box.

# Member Search

Member ID

1

Name

WILLIAMS, FRANK

Q Look Up

## Search Results

Clear

1

New

► Authorizations (78)

Care Plans (0)

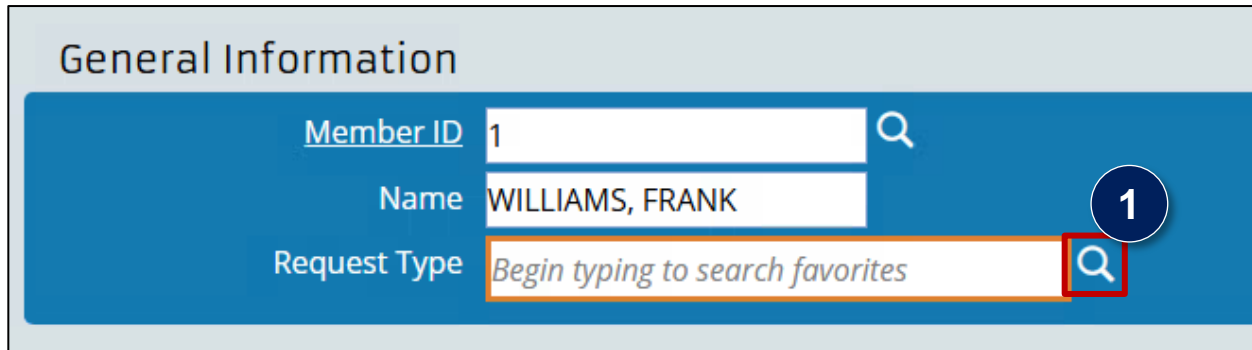
Member Messages (1)

Last Member Message(s) Received:  
1/2/2025

### Step 3: Enter Required Fields on the Authorization Screen

After you create a new authorization, you'll need to complete all required fields on the Authorization screen.

1. **Request Type:** Select the **lookup magnifying glass icon** to search for the correct Request Type (Episode of Care profile). The Request Type Selection box will open.

A screenshot of the "General Information" section of an authorization screen. The section has a light blue header with the text "General Information". Below the header is a blue background with three input fields. The first field is labeled "Member ID" and contains the value "1". The second field is labeled "Name" and contains the value "WILLIAMS, FRANK". The third field is labeled "Request Type" and contains the placeholder text "Begin typing to search favorites". A red rectangular box highlights the magnifying glass icon at the end of the "Request Type" field. A blue circular callout with the number "1" is positioned next to the magnifying glass icon in the "Request Type" field.



A. Enter search terms into the fields as needed. You can use keywords, and a wildcard character (\*) before and/or after keywords, to narrow the result list.

B. Select **Search**.

**Note:** If the Request Type you need doesn't appear, either select the closest Episode of Care profile, select EVAL & TREAT (if requesting a service) as the Request Type, or select OUTPATIENT MEDICAL AND TREAT (if requesting anything but a service) as the Request Type. If you select EVAL & TREAT or OUTPATIENT MEDICAL AND TREAT as the Request Type, you will need to manually list the appropriate CPT codes your request needs in the Service tab.

C. Select a Request Type from the results. The Request Type will now apply to your request. You'll return to the original Authorization screen. After selecting the Request Type, the screen expands to include the Diagnoses, Services, Survey, and Attachments sections. You can now complete the sections following General Information.

**Note:** Fields with the watermark text "Begin typing to search favorites" will remember the terms you enter for later searches. As you use the Referral and Authorization Management Tool, the system remembers your commonly used Request Types, codes, providers, and more.

Request Type Selection

Request Type Description

Containing Procedure

Containing Specialty

Show Inpatient Only

Show Behavioral Health / Substance Abuse only

Search

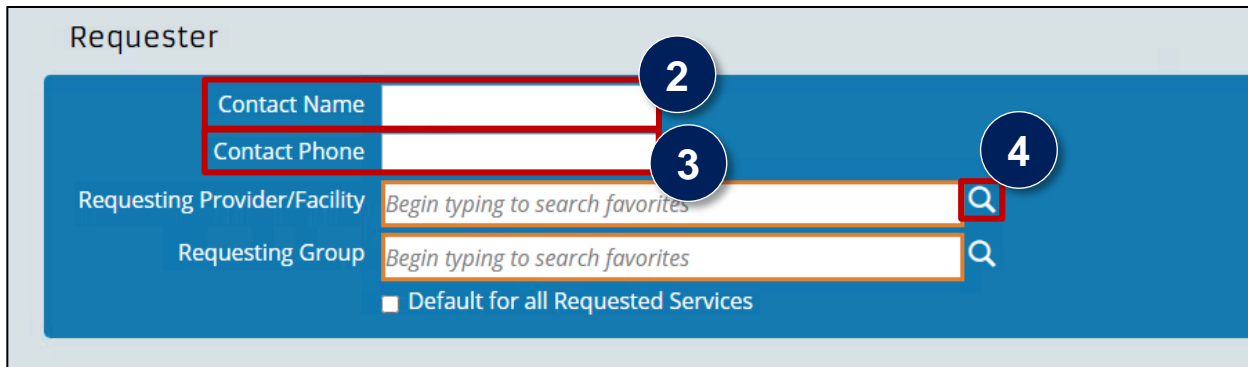
Clear

Cancel

176 records matched your criteria. Please choose a record from the grid below.

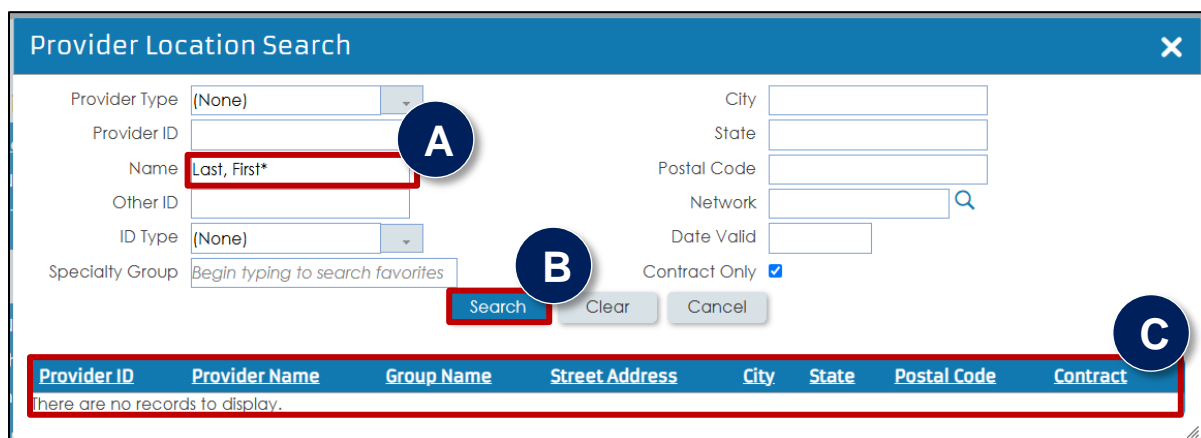
Code	Description	Details
ADSM_TL	ADSM Terminal Leave	Used for requests for terminal leave for Active Duty Service Members (ADSM). This request is to be used by military hospitals or clinics only.
FIT_FOR_DUTY	ADSM physical and mental assessment	for medical assessment process to de-termine if ADSM is physically and mentally capable of performing their military duties.
ABORT	Abortion	Abortions have limited coverage. A survey is required with submission

2. **Contact Name:** This field should automatically fill in based on your profile on the provider portal. If nothing appears in this field, enter the contact's name.
3. **Contact Phone:** Enter the contact number.
4. **Requesting Provider/Facility:** Use the **lookup icon** to search for and select the provider or facility. The Provider Location Search box will open.



The screenshot shows a 'Requester' form with a blue header. It contains four input fields: 'Contact Name', 'Contact Phone', 'Requesting Provider/Facility', and 'Requesting Group'. Each field has a placeholder text 'Begin typing to search favorites'. A magnifying glass icon (lookup icon) is next to the 'Requesting Provider/Facility' field. Below the fields is a checkbox labeled 'Default for all Requested Services'. Numbered callouts are placed over the form: '2' over the 'Contact Name' field, '3' over the 'Contact Phone' field, and '4' over the 'Requesting Provider/Facility' field.

- A. Enter either a provider's name (formatted "Last, First\*") or a facility's name in the Name field. Provider name searches require a wildcard character (\*) and a comma (such as "Smith, John\*"). Facility or group names don't require a comma, and wildcard characters (\*) are optional but recommended.  
**Note:** You can search by just the provider's last name, but you must enter at least five characters before you can use a wildcard character (\*). You can also search by NPI. Enter the NPI into the Other ID field, then select "HCFA National Provider Identifier" as the type in the ID Type field.
- B. Select **Search**. If the provider doesn't appear, refer to **Frequently Asked Questions**.
- C. Select a location from the results.

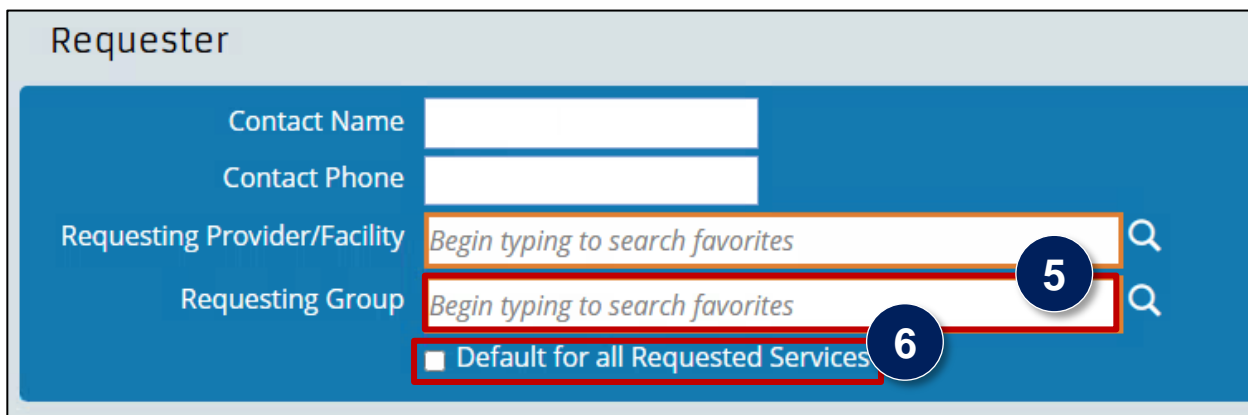


The screenshot shows a 'Provider Location Search' dialog box with a blue header and a close button (X). It contains several input fields: 'Provider Type' (dropdown), 'Provider ID', 'Name' (with a red box around 'Last, First\*'), 'Other ID', 'ID Type' (dropdown), 'Specialty Group' (with a placeholder 'Begin typing to search favorites'), 'City', 'State', 'Postal Code', 'Network' (with a magnifying glass icon), 'Date Valid', and 'Contract Only' (checkbox). Below the fields are three buttons: 'Search' (highlighted with a red box), 'Clear', and 'Cancel'. At the bottom, there is a table with columns: 'Provider ID', 'Provider Name', 'Group Name', 'Street Address', 'City', 'State', 'Postal Code', and 'Contract'. The table is currently empty, with the text 'There are no records to display.' below it. Lettered callouts are placed over the dialog: 'A' over the 'Name' field, 'B' over the 'Search' button, and 'C' over the table area.

5. **Requesting Group:** If you selected a provider in the Requesting Provider/Facility field, this field displays the requesting group automatically. If you can't find your provider with the Requesting Provider/Facility field, select the **lookup** icon next to Requesting Group instead. This will open the Provider Location Search box; refer to steps **4A-4C** to learn how to use the Provider Location Search box. When searching by group, you will need to set the ID Type to "GROUP HCFA National Provider Identifier" instead of "HCFA National Provider Identifier."

**Note:** If the provider's demographic information (such as address, phone, or fax number) is listed incorrectly or is not present, you may add or edit this information for a specific authorization. To make the change, select either the Requesting Provider/Facility field or the Requesting Group field. After the "Provider Affiliation Details" window appears, select Edit and then select OK.

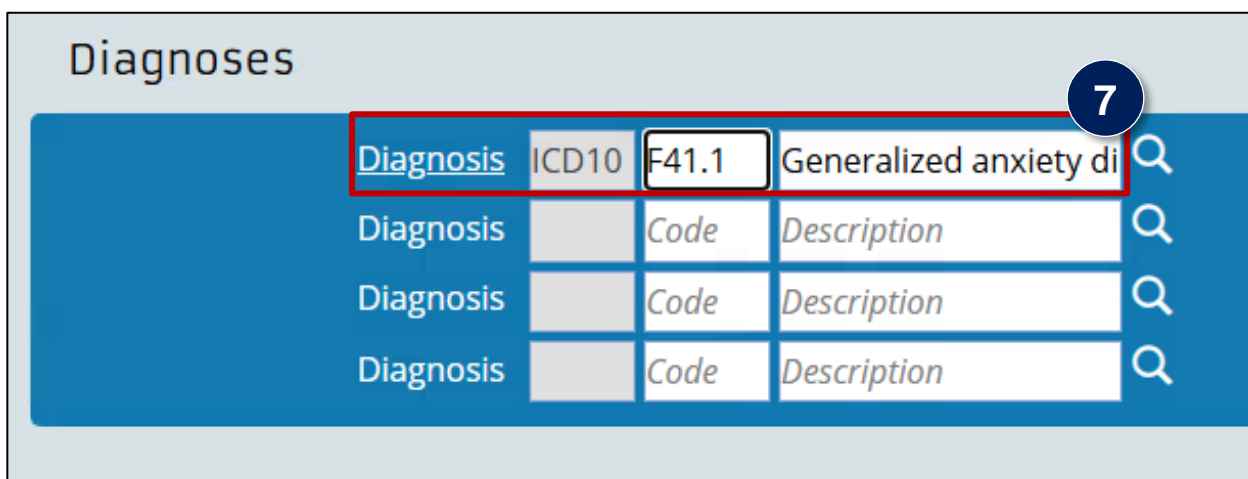
6. Select the **Default for all Requested Services** checkbox if you want to use the same contact and provider information for all services associated with the request.



The screenshot shows the 'Requester' form with the following fields and callouts:

- Requesting Provider/Facility:** A search box with the placeholder text 'Begin typing to search favorites' and a magnifying glass icon. A blue circle with the number 5 is next to it.
- Requesting Group:** A search box with the placeholder text 'Begin typing to search favorites' and a magnifying glass icon. A blue circle with the number 6 is next to it.
- Default for all Requested Services:** A checkbox with the label 'Default for all Requested Services'. A blue circle with the number 6 is next to it.

7. Enter the appropriate diagnosis code in the fields. You must enter at least one diagnosis code. **Note:** Once you've entered a code, select **Tab** on your keyboard to automatically populate its Description field. You can use wildcard characters (\*) while entering search terms for diagnosis codes. For this field, there is no minimum character limit before you can use a wildcard character (\*).



The screenshot shows the 'Diagnoses' form with the following fields and callouts:

- Diagnosis:** A search box with the placeholder text 'Begin typing to search favorites' and a magnifying glass icon. A blue circle with the number 7 is next to it.
- ICD10:** A search box with the placeholder text 'Begin typing to search favorites' and a magnifying glass icon.
- Code:** A search box with the placeholder text 'Begin typing to search favorites' and a magnifying glass icon.
- Description:** A search box with the placeholder text 'Begin typing to search favorites' and a magnifying glass icon.

## Step 4: Complete the Service Tab

1. Navigate to the **Service** tab.

**Note:** The Service(s) total and default procedures included will vary based on the Request Type (Episode of Care profile). Please complete all default Service tabs presented based on Request Type.

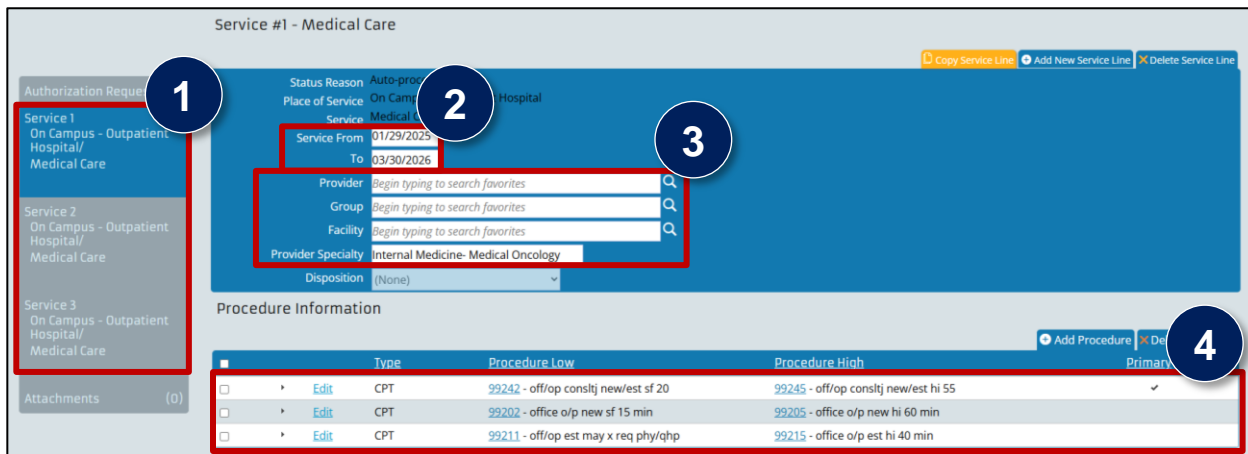
2. Review the **Service From** and **To** fields. These may auto-populate with a default duration based on the Request Type used. Adjust the dates if necessary.

3. Fill in the servicing provider fields. You must provide a servicing Provider Specialty. If you need to make a directed referral, you must also enter either the Provider, Group, or Facility.

**Note:** The Provider, Group, and Facility fields have lookup icons. Selecting the icons brings up the Provider Location Search box, as shown in **Step 3: Enter Required Fields on the Authorization Screen**.

4. Review the **Procedure Information** section. Some Request Types will automatically choose the allowed lines and procedures. For these Request Types, you can't enter additional lines or services. Other Request Types will let you add additional service lines or CPT codes as needed. **Do not delete the default CPT codes, such as office visits, which appear with your Request Type automatically.**

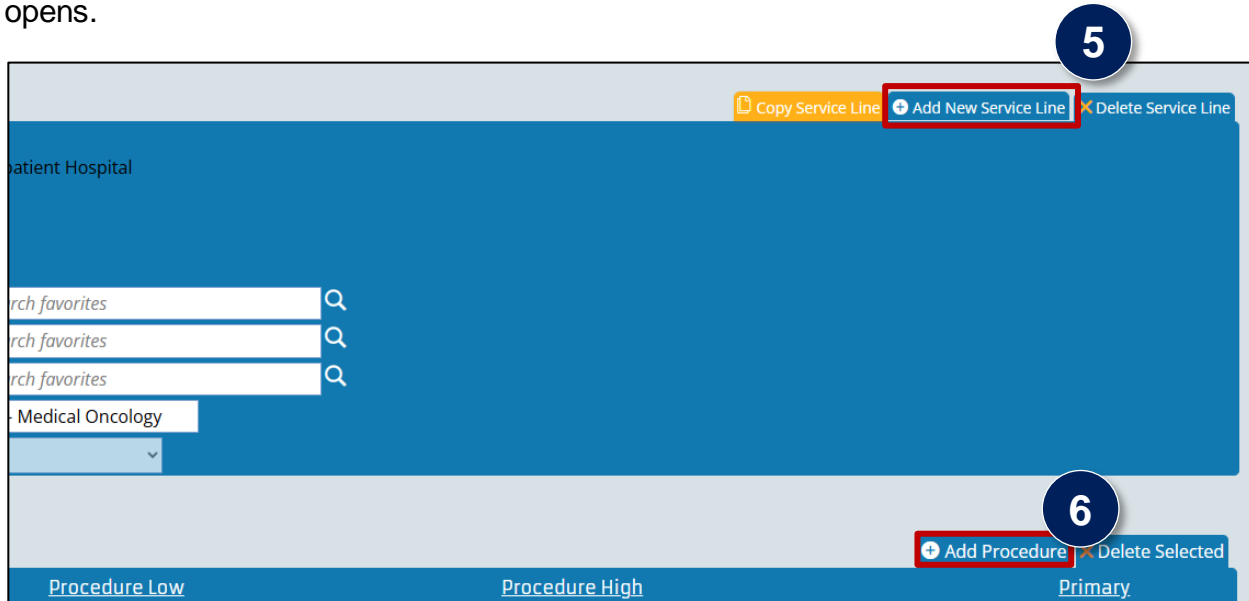
**Note:** Servicing providers are not required to bill for office visits if the beneficiary does not use those visits.



The screenshot shows the 'Service #1 - Medical Care' form. It includes a sidebar with 'Authorization Request' and 'Attachments' sections. The main form area has fields for 'Status Reason', 'Place of Service', 'Service From', 'Service To', 'Provider', 'Group', 'Facility', 'Provider Specialty', and 'Disposition'. Below these is the 'Procedure Information' section, which contains a table of CPT codes and their descriptions. Numbered callouts 1 through 4 highlight specific areas: 1 points to the 'Authorization Request' sidebar, 2 points to the 'Service From' and 'Service To' date fields, 3 points to the 'Provider', 'Group', and 'Facility' lookup fields, and 4 points to the 'Procedure Information' table.

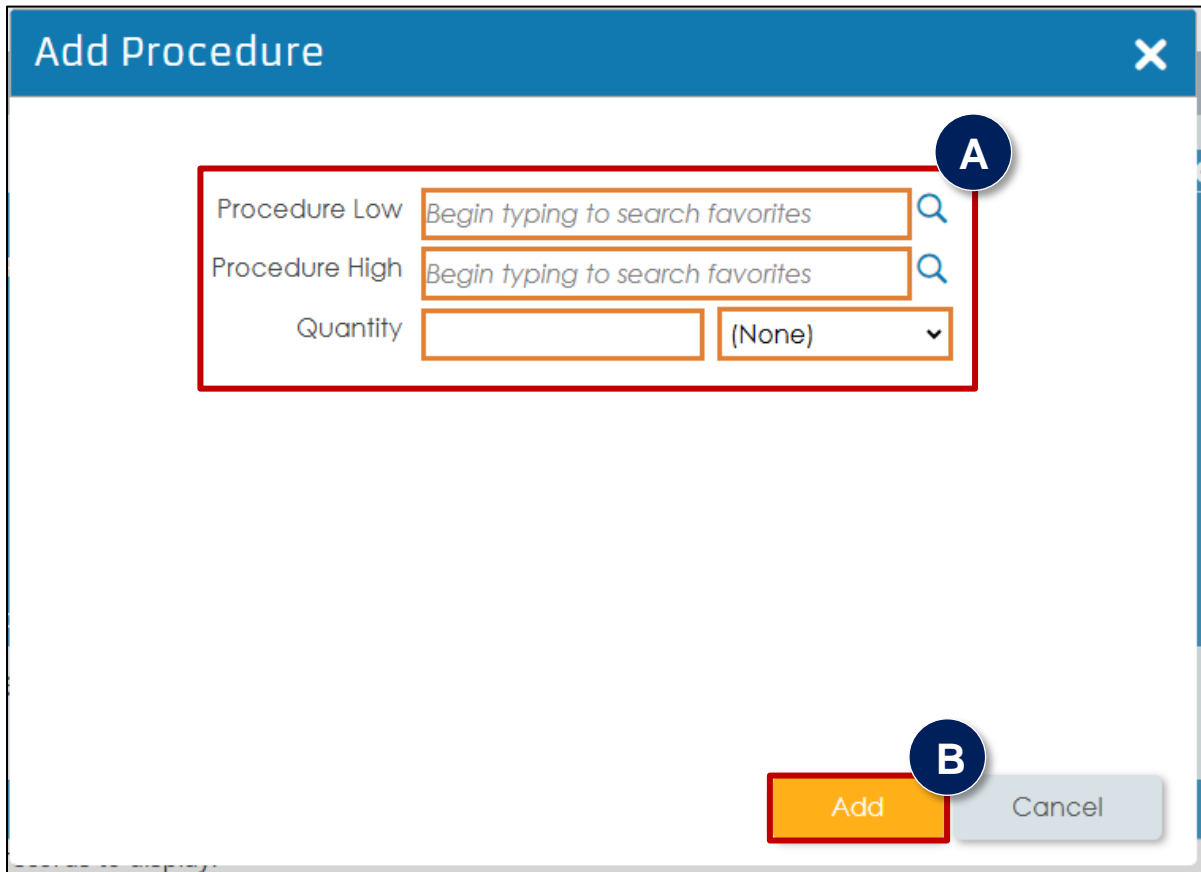
Type	Procedure Low	Procedure High	Primary
<input type="checkbox"/> Edit	CPT 99242 - off/op consltj new/est sf 20	99245 - off/op consltj new/est hi 55	
<input type="checkbox"/> Edit	CPT 99202 - office o/p new sf 15 min	99205 - office o/p new hi 60 min	
<input type="checkbox"/> Edit	CPT 99211 - off/op est may x req phy/qhp	99215 - office o/p est hi 40 min	

5. Select **Add New Service Line** to add a service line if needed. You can add a maximum of 10 lines or procedures per Service tab. Keep in mind that not all Request Types will allow you to add new service lines.  
**Note:** If you want to copy the Place of Service and Service fields from an existing line to the new line, select **Copy Service Line** instead.
6. Select **Add Procedure** if you need to include any additional procedures. The Add Procedure box opens.



The screenshot shows a web interface for TriWest Healthcare Alliance. At the top right, there are three buttons: 'Copy Service Line' (orange), 'Add New Service Line' (blue, highlighted with a red box and a blue circle with the number 5), and 'Delete Service Line' (orange). Below these buttons is a large blue area. On the left side of this area, there is a search bar with the text 'rch favorites' and a magnifying glass icon. Below the search bar, there are three more search bars, each with the text 'rch favorites' and a magnifying glass icon. Below these search bars, there is a dropdown menu with the text 'Medical Oncology' and a downward arrow. At the bottom of the interface, there are three tabs: 'Procedure Low', 'Procedure High', and 'Primary'. The 'Add Procedure' button (blue, highlighted with a red box and a blue circle with the number 6) is located in the bottom right corner of the interface, next to the 'Delete Selected' button (orange).

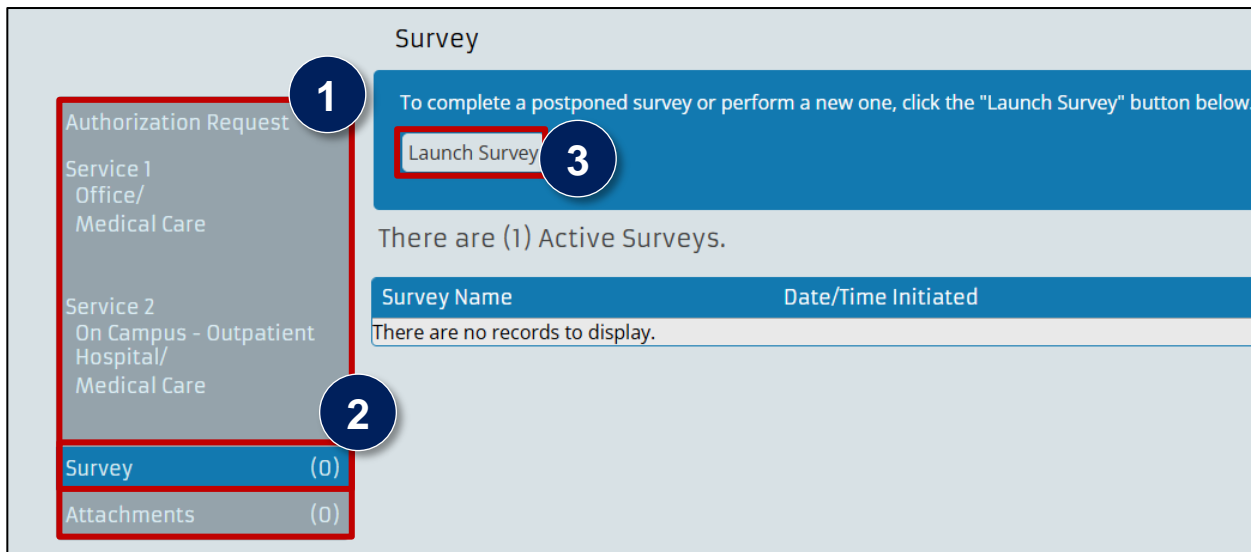
- A. Complete the required fields. Use the **Procedure Low** and **Procedure High** fields to help you search for the CPT codes you need.  
**Note:** You can use the *Procedure Low* and *Procedure High* fields to enter ranges for codes, or you can use the same code for both fields. You can also use wildcard characters (\*) while entering search terms for procedures. For this box, there is no minimum character limit before you can use a wildcard character (\*).
- B. Select **Add**. The procedure is displayed in the Procedure Information section.

A screenshot of a web-based "Add Procedure" dialog box. The dialog has a blue header bar with the title "Add Procedure" and a close button (X) on the right. The main content area is white. It contains three input fields: "Procedure Low" and "Procedure High", both with placeholder text "Begin typing to search favorites" and a magnifying glass icon to the right; and a "Quantity" field with a text input and a dropdown menu currently showing "(None)". A red rectangular box highlights these three input fields, with a blue circle containing the letter "A" next to it. At the bottom right of the dialog, there are two buttons: an orange "Add" button and a light gray "Cancel" button. A blue circle containing the letter "B" is positioned above the "Add" button.

## Step 5: Complete the Survey(s) or Assessment(s)

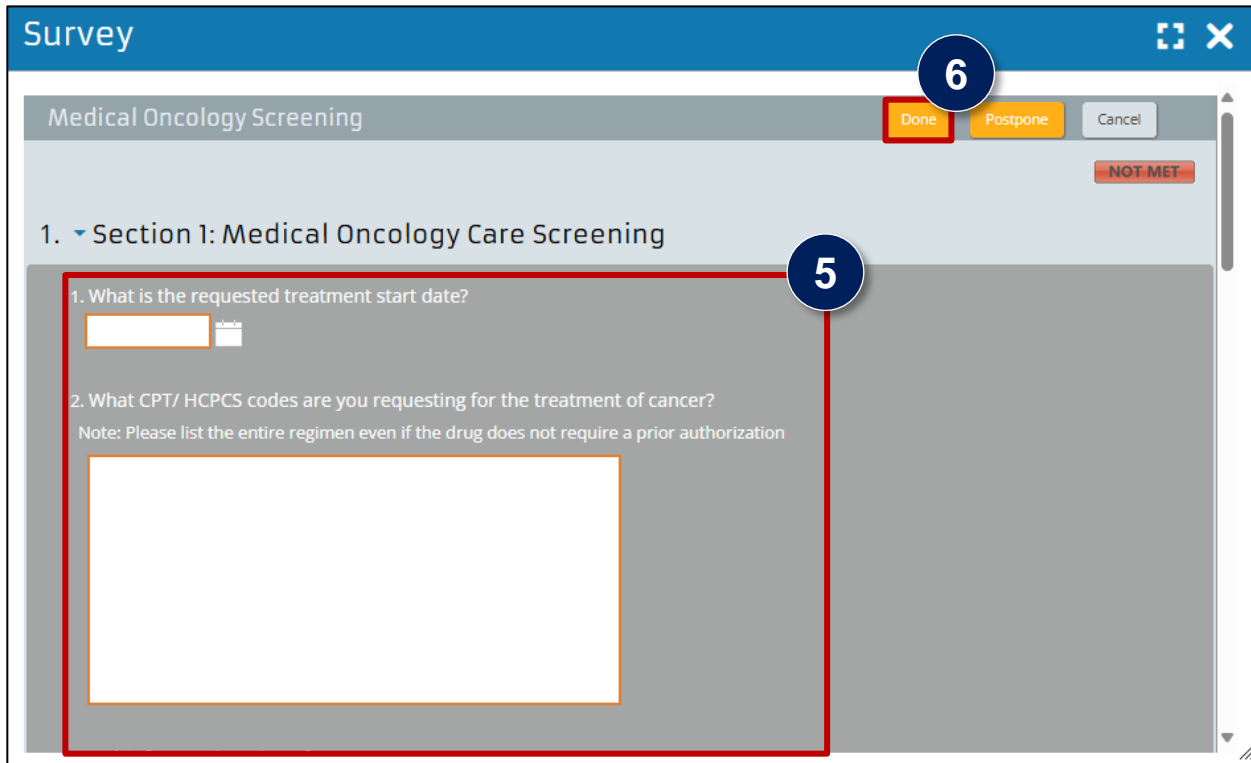
Some Request Types (Episode of Care profile) may require you to complete a survey or assessment before proceeding. This does not apply to all referrals/authorization requests.

1. Review the Authorization Request panel for a Survey or Assessment section. If an **Assessment** tab appears, you can use it to suggest updates to patient and provider information, as well as give reasoning if your request needs a non-network provider. If no section for either displays, your Request Type does not require one—proceed to **Step 6: Attach Relevant Documentation (Recommended)**.
2. Select the **Survey** or **Assessment** tab.
3. Select **Launch Survey** or **Launch Assessment** depending on type.



The screenshot shows a web interface for managing surveys. On the left is a sidebar with a red border containing the following items: 'Authorization Request', 'Service 1 Office/ Medical Care', 'Service 2 On Campus - Outpatient Hospital/ Medical Care', 'Survey (0)', and 'Attachments (0)'. A blue circle with the number '1' points to the 'Authorization Request' item, and a blue circle with the number '2' points to the 'Survey (0)' item. The main content area is titled 'Survey' and contains a blue instruction bar: 'To complete a postponed survey or perform a new one, click the "Launch Survey" button below.' A red box highlights the 'Launch Survey' button, with a blue circle and the number '3' pointing to it. Below the instruction bar, it says 'There are (1) Active Surveys.' and a table with headers 'Survey Name' and 'Date/Time Initiated'. The table body contains the text 'There are no records to display.'

4. Complete all required questions, as well as all optional questions as appropriate.
5. Navigate back to the top of the page once done.
6. Select **Done**.

A screenshot of a web-based survey titled "Medical Oncology Screening". The survey is displayed in a window with a blue header bar containing the title "Survey" and a close button. The survey content is in a light gray box. At the top of the survey content, there is a header bar with the title "Medical Oncology Screening" and three buttons: "Done" (highlighted with a red box and a blue circle with the number 6), "Postpone" (yellow), and "Cancel" (gray). Below the header bar, there is a section titled "1. Section 1: Medical Oncology Care Screening". The first question is "1. What is the requested treatment start date?" with a text input field and a calendar icon. The second question is "2. What CPT/ HCPCS codes are you requesting for the treatment of cancer?" with a note: "Note: Please list the entire regimen even if the drug does not require a prior authorization". Below the second question is a large text area for input. A red box highlights the input fields for both questions, and a blue circle with the number 5 is placed next to the red box. In the top right corner of the survey content, there is a red button labeled "NOT MET".

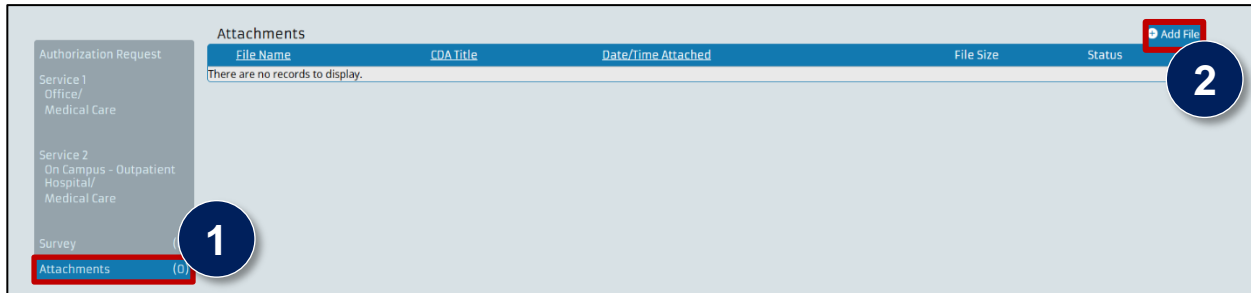


## Step 6: Attach Relevant Documents (Recommended)

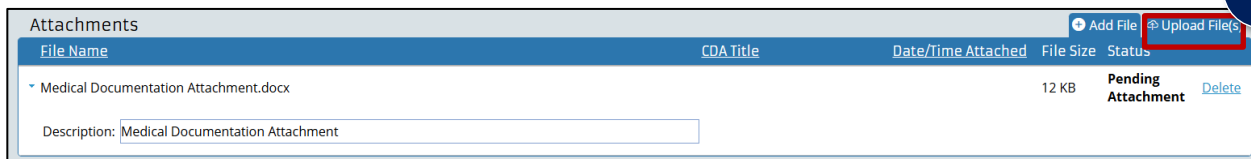
1. Navigate to the **Attachments** tab if you need to include any relevant documents, such as labs, proof of medical necessity, patient history, and/or imaging. Note: You can only attach .pdf files.

2. Select **Add File** to start adding documents.

**Note:** If no attachments are necessary, skip this step.



3. Select **Upload Files** once done.



## Step 7: Submit the Request

1. Select **Submit** after entering all information.

**Note:** After TriWest approves or denies the referral or authorization, they will send a notification to the beneficiary and referring providers/PCM. Some requests may receive approval instantly, but for requests that require medical review or that add supporting attachments, they will receive a determination in two to five days.



The screenshot shows the 'Authorizations' section of a web application. In the top right corner, there is a yellow 'Submit' button, which is highlighted with a blue circle containing the number '1'. Below the header, there is a table with columns: 'File Name', 'CDA Title', 'Date/Time Attached', 'File Size', and 'Status'. The table is currently empty, with a message 'There are no records to display.' at the bottom.

Once submitted, the beneficiary's record updates to display the authorization. You will also receive a reference number for the request. You can check the request's status on their record. Use the Record Search described in **Modify Existing Authorization Requests** to find their record and check back on your request status any time.

- A. **Certified** means your request was fully approved.

Service #1 - Consultation (Certified-Post Automation) **A**

- B. **Modified** means that either some, but not all, lines of your request were approved, or all services were approved but with modifications. Your request is still considered approved, so you don't need to take any further action; you may proceed with your referral or authorization.

Service #1 - Medical Care (Modified-Post Automation) **B**

- C. **Not Certified** means your request was denied. Refer to **View Determination Letter** for more information.

**Note:** If you believe your request was denied in error, visit the [File a Complaint page](#) on TRICARE.mil for information on filing an appeal.

Service #1 - Medical Care (Not Certified-Post Automation) **C**

- D. **Pended** means your referral or authorization is in progress.

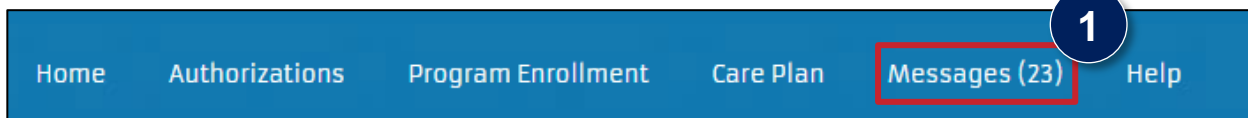
Service #1 - Pended **D**

For additional information, select the **Help** link in the Referral and Authorization Management Tool. For step-by-step training, review the referral and authorization management tool training available within [Availity](#).

## View Determination Letters

If your request receives a denial and the Not Certified status, you should review your determination letter for the denial reason and next steps. You can access the determination letter from the referral and authorization management tool.

1. Select **Messages** from the site ribbon. The Messages page will open.



2. Locate and select the authorization request you want to view. The Status box opens.

<input type="checkbox"/>	Authorization Change of Service Status	12/31/2024 22:22	Authorization 0000004584 status changed to Canceled for HOPPINSON, MISS, ID # HOPP1234.
<input checked="" type="checkbox"/>	Authorization Change of Service Status	12/31/2024 22:21	Authorization 0000005839 status changed to Not Certified for HOPPINSON, MISS, ID # HOPP1234.
<input type="checkbox"/>	Authorization Change of Service Status	12/31/2024 19:35	Authorization 0000005839 status changed to No Action Required for HOPPINSON, MISS, ID # HOPP1234.

3. Select **View Authorization**. The Authorization Request page opens.

Authorization Change of Service Status

[Archive](#)
[Delete](#)

**Subject:** Authorization Change of Service Status

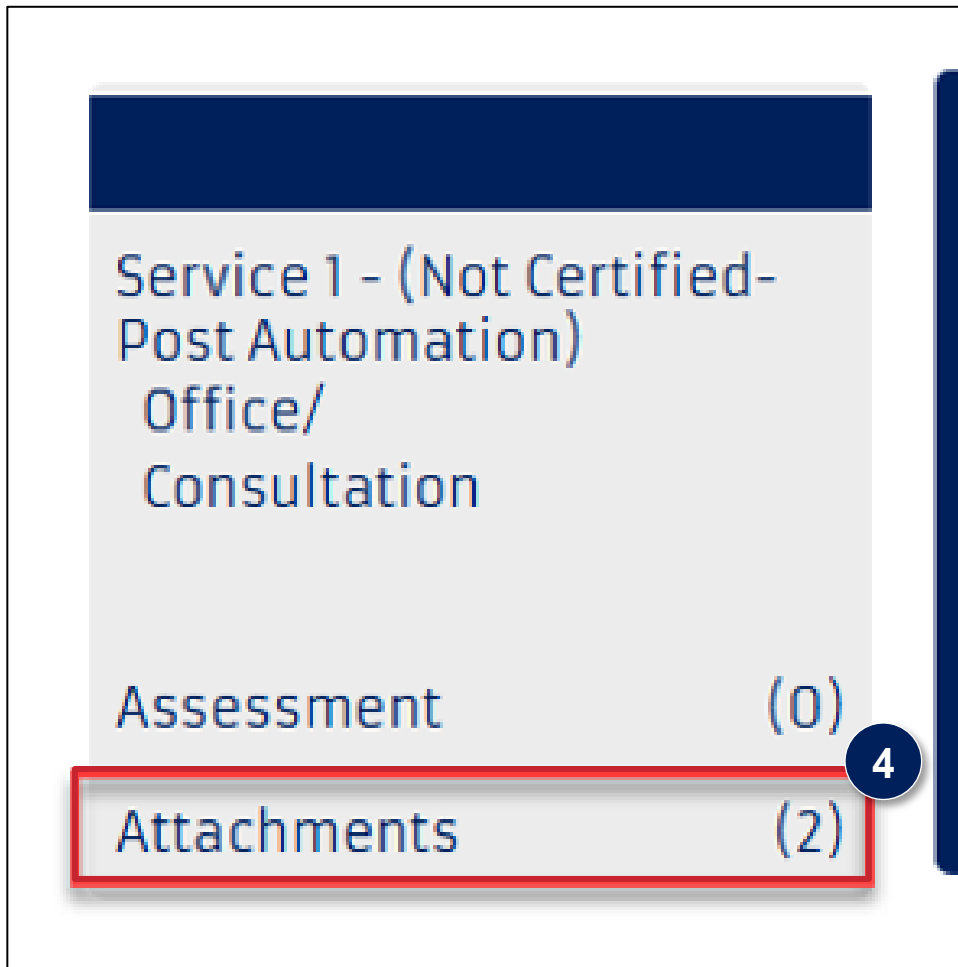
**Member:** PARKER, PETER

**Date Received:** 1/13/2025 16:26

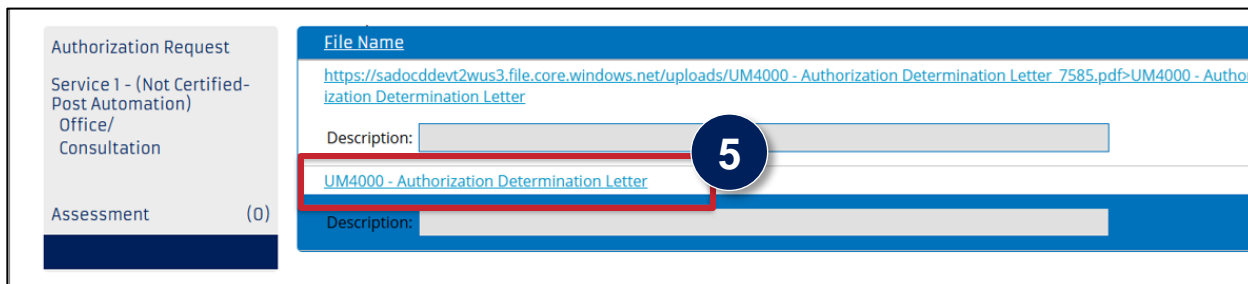
Message

Authorization 0000008049 status changed to Pended for PARKER, PETER, ID # 8. [View Authorization](#)

4. Select **Attachments**.



5. Locate and select the determination letter hyperlink.



## Modify Existing Authorization Requests

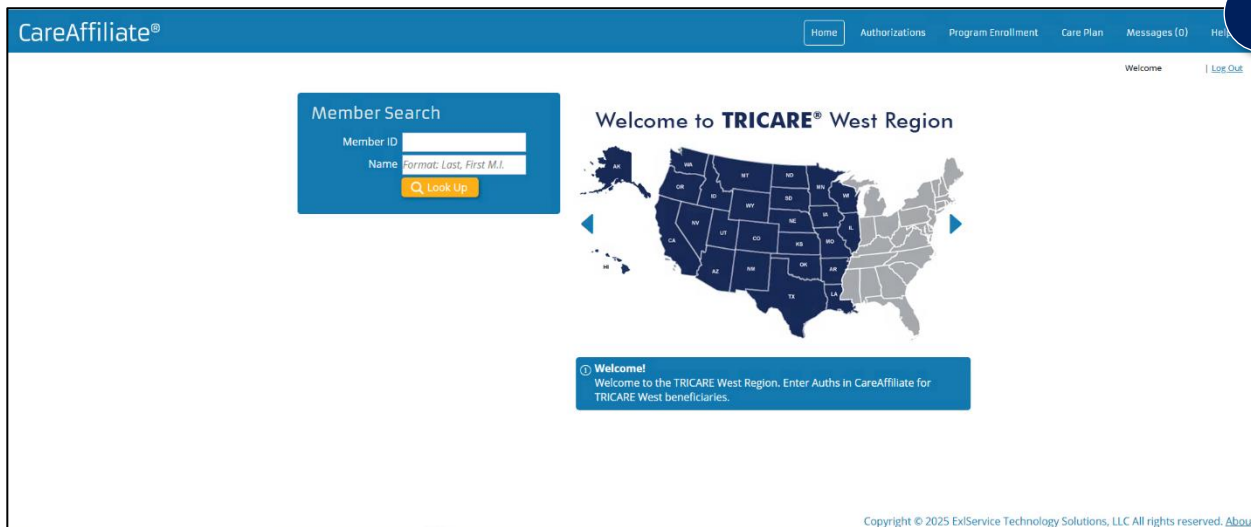
You can also use the Referral and Authorization Management Tool to modify existing authorization requests.

Only the referring provider can change their own requests. You can make as many changes as you need to a request, as long as the service hasn't been provided yet. Referring providers cannot update requests if the patient has already received the service.

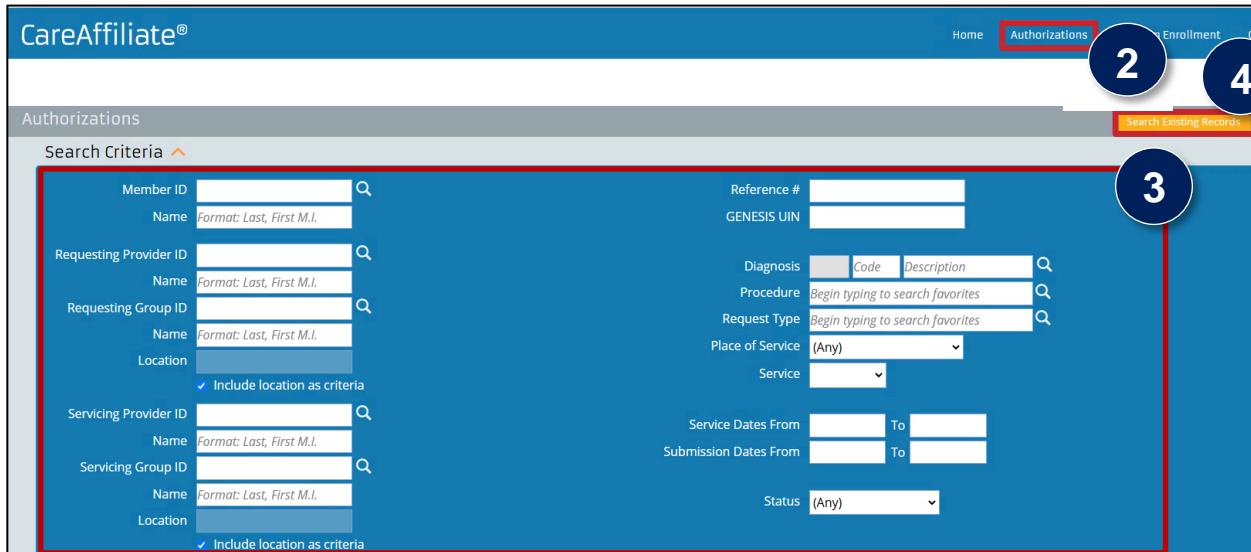
Approved referred providers can submit referrals or authorizations for any additional codes needed. If the original authorization expires during treatment, the PCM must request a new authorization. Include notes for continuity of care if needed.

You can view the authorization record using the steps outlined in **View Determination Letters**, but this section will cover how to search for records manually.

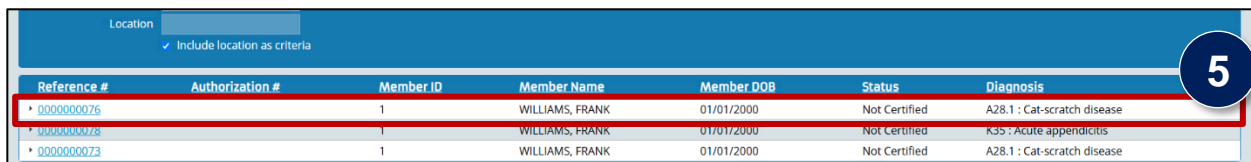
1. Navigate to the Referral and Authorization Management Tool home page.



2. Select **Authorizations**.
3. Enter appropriate search terms into the Search Criteria fields. For best results, search with an NPI in the **Requesting Provider ID** or **Servicing Provider ID** fields. If the provider still doesn't appear, try entering the NPI into the **Requesting Group ID** or **Servicing Group ID** fields.  
**Note:** Avoid entering too many search terms at the start, as your search may return no results if too narrow.
4. Select **Search Existing Records**.

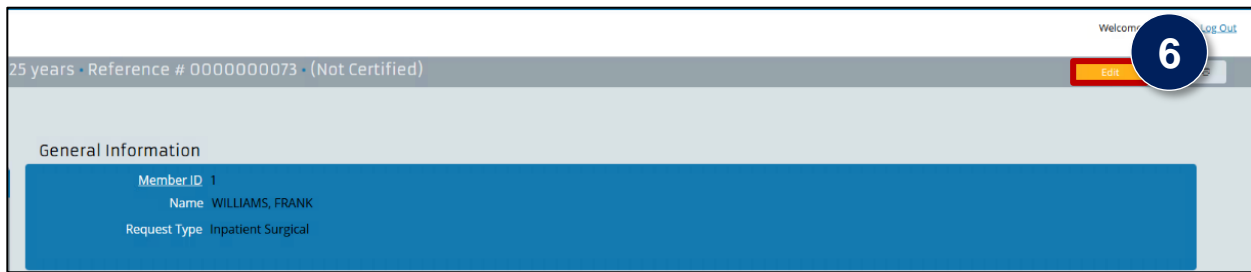


5. Select the appropriate authorization record from the results.



Reference #	Authorization #	Member ID	Member Name	Member DOB	Status	Diagnosis
0000000076		1	WILLIAMS, FRANK	01/01/2000	Not Certified	A28.1 : Cat-scratch disease
0000000076		1	WILLIAMS, FRANK	01/01/2000	Not Certified	K35 : Acute appendicitis
0000000073		1	WILLIAMS, FRANK	01/01/2000	Not Certified	A28.1 : Cat-scratch disease

6. Select **Edit** to modify fields.



25 years • Reference # 0000000073 • (Not Certified)

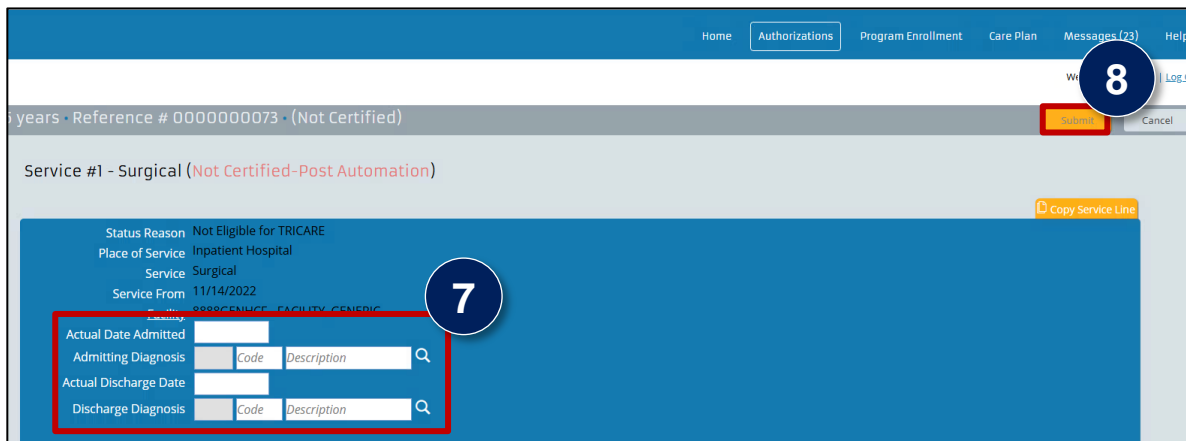
General Information

Member ID 1  
Name WILLIAMS, FRANK  
Request Type Inpatient Surgical

7. Edit or add services, notes, and attachments on the Authorization Request, Service, or Attachment tabs.

8. Select **Submit** once done.

**Note:** You cannot edit the following fields after submitting a request: Place of Service, Service, Status Reason, and Length of Stay.



Home Authorizations Program Enrollment Care Plan Messages (73) Help

25 years • Reference # 0000000073 • (Not Certified)

Service #1 - Surgical (Not Certified-Post Automation)

Copy Service Line

Status Reason Not Eligible for TRICARE  
Place of Service Inpatient Hospital  
Service Surgical  
Service From 11/14/2022

Actual Date Admitted   
Admitting Diagnosis  Code  Description    
Actual Discharge Date   
Discharge Diagnosis  Code  Description

## Frequently Asked Questions

1. **A provider has more than one address listed in the Referral and Authorization Management Tool. What happens if I select the incorrect address? Will my referral or authorization automatically receive a denial?**
  - No, the chosen provider address does not play a role in the referral and authorization determination. Selecting the incorrect address may prompt a review if the beneficiary does not have continuity of care (COC) with the provider before the request is approved or redirected.
  - Please note that if you cannot find the address you need, you can enter it manually. This change will only be made for the current authorization that is being requested and will not be a permanent change/addition in the system.
2. **What does the text next to the reference number on a referral or authorization mean?**
  - This is the request status. Refer to **Step 7: Submit the Request** for more information.
3. **How do I search for providers in the Referral and Authorization Management Tool? How do I search for a provider using their NPI?**
  - You can search for providers with the Provider Location Search box. Refer to page 10 for more information on accessing the box. To search with an NPI, enter the NPI into the **Other ID** field. Select the **ID Type** field and set it to HCFA National Provider ID.
4. **How do I troubleshoot finding the provider I am looking for using the Search function?**
  - Ensure you are formatting the names correctly. The search will return more results if you enter the surname first, then the given name and middle initial (such as "Smith, John A"). You can also use a wildcard character (\*) to search for words that start or end with the same set of letters.
  - Searches that are too broad (terms that return more than 1000 results) may time out your search. Narrow down your search with more key terms if needed.
  - Uncheck the "Contract Only" checkbox. Leaving this checked may limit your search results.
  - If you are searching for a provider from existing records and they do not display, that may mean the provider has no existing authorizations entered in the referral management portal at the time of your search. All in-network providers will display when you are searching for a provider from a new authorization request.
  - The provider you're looking for may be classified as a group. Try using search options for group providers or group IDs (such as using **Requesting Group** instead of **Requesting Provider/Facility** when opening the Provider Location Search).



**5. I've followed all the suggestions in this user guide, and I still can't find the provider or beneficiary I'm looking for.**

- If you can't find the beneficiary or provider you're looking for, you can submit referral and authorization requests with the Alternative Referral/Authorization Form. You can also use the form to submit referral and authorization requests if the Referral and Authorizations Management Tool is unavailable. This form replaces the previous method of faxing referrals and authorizations.
- Before submitting the form, make sure you've exhausted the other suggestions in this user guide, such as:
  - Referring to Step 1, pages 6-7 if you are searching for a beneficiary.
  - Referring to Step 3, page 11, and page 25, questions 3-4 if you are searching for a provider.
- The Alternative Referral/Authorization Form is available in the Applications tab in the TRICARE West Payer Space of the Provider Portal.
- For guidance on completing and submitting the Alternative Referral/Authorization form, refer to the quick reference guide. The guide is available in the Resources tab in the TRICARE West Payer Space of the Provider Portal.

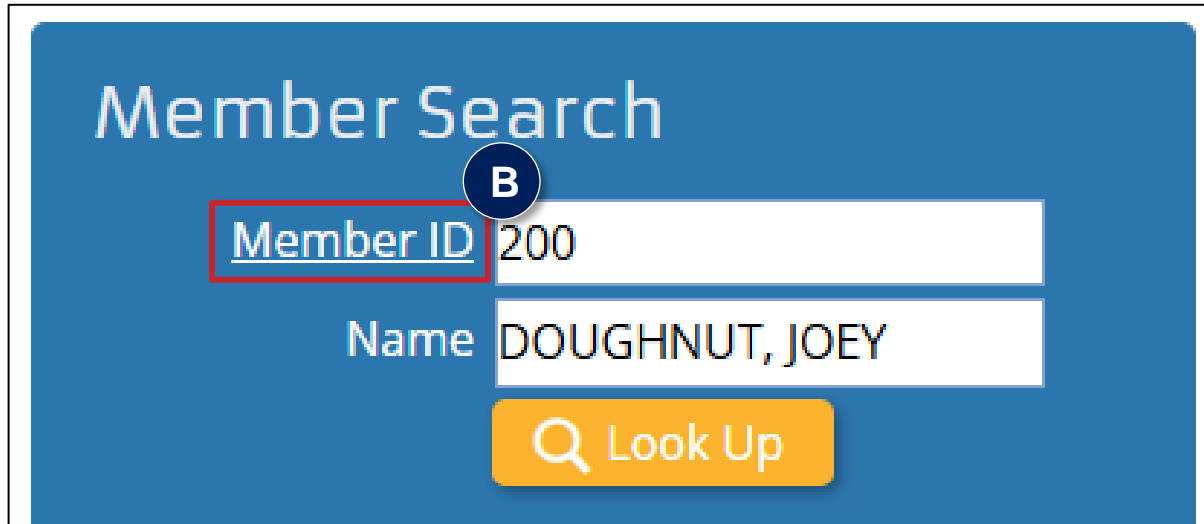
**6. Does the Referral and Authorization Management Tool show how many visits are authorized for an approved request?**

- Navigate to the Service tab on a request. In the Procedure Information section, select the drop-down arrow on any row. This will open the Procedure Details section, where you can view the Quantity.

Procedure Information				
		<a href="#">Add Procedure</a> <a href="#">Delete Selected</a>		
	Type	Procedure Low	Procedure High	Primary
<input type="checkbox"/>	<a href="#">Edit</a> CPT	<a href="#">99242</a> - off/op consltj new/est sf 20	<a href="#">99245</a> - off/op consltj new/est hi 55	<input checked="" type="checkbox"/>
Procedure Details Quantity: 1 - Visits				
<input type="checkbox"/>	<a href="#">Edit</a> CPT	<a href="#">99202</a> - office o/p new sf 15 min	<a href="#">99205</a> - office o/p new hi 60 min	
Procedure Details Quantity: 1 - Visits				
<input type="checkbox"/>	<a href="#">Edit</a> CPT	<a href="#">99211</a> - off/op est may x req phy/qhp	<a href="#">99215</a> - office o/p est hi 40 min	
Procedure Details Quantity: 10 - Visits				

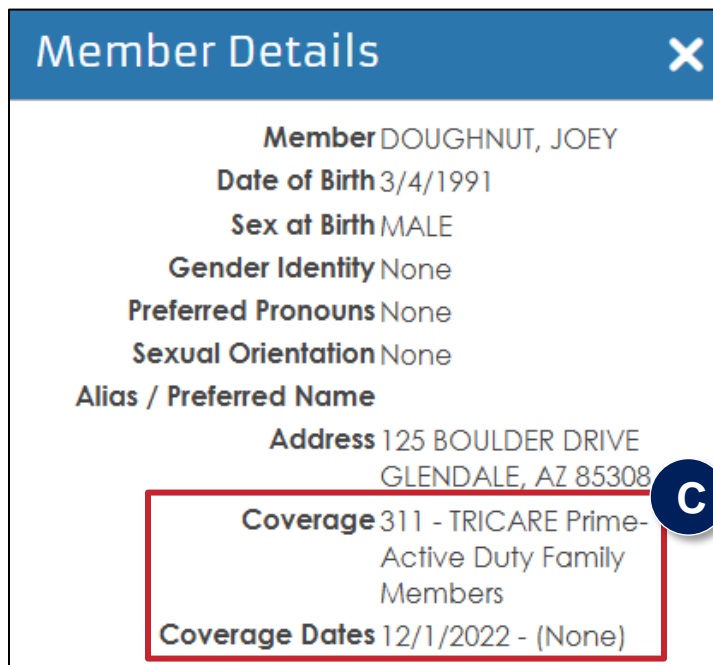
## 7. How can I check a beneficiary's coverage details?

- You can check this from their Member Details profile.
- A. Enter the beneficiary's name and member ID into the Member Search fields. Refer to **Section 1: Verify Beneficiary Details** for more information on Member Search. Once you've entered the information, the Member ID hyperlink will appear.
- B. Select the **Member ID hyperlink**. The Member Details profile will open.



The Member Search form has a blue header with the text "Member Search". Below the header are two input fields. The first field is labeled "Member ID" and contains the text "200". A red box highlights the "Member ID" label, and a blue circle with the letter "B" is positioned above it. The second field is labeled "Name" and contains the text "DOUGHNUT, JOEY". Below the input fields is an orange button with a magnifying glass icon and the text "Look Up".

- C. Review the listed coverage and coverage dates.



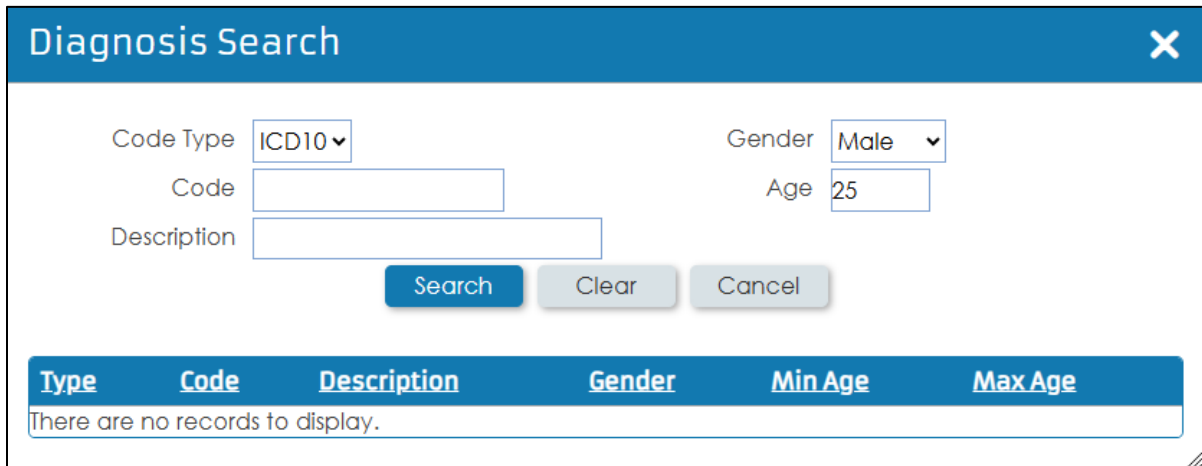
The Member Details form has a blue header with the text "Member Details" and a close button (X). Below the header, the member information is displayed in a list format. The member name is "DOUGHNUT, JOEY". The date of birth is "3/4/1991". The sex at birth is "MALE". The gender identity is "None". The preferred pronouns are "None". The sexual orientation is "None". The alias / preferred name is blank. The address is "125 BOULDER DRIVE, GLENDALE, AZ 85308". The coverage is "311 - TRICARE Prime-Active Duty Family Members". The coverage dates are "12/1/2022 - (None)". A red box highlights the coverage and coverage dates section, and a blue circle with the letter "C" is positioned to the right of it.

**8. What do I do if I need to modify an unchangeable field on my request, such as the Place of Service, Service, Status Reason, or Length of Stay fields?**

- You will need to submit a new referral or authorization request.

**9. What if I don't know the exact diagnosis codes I need to add? Can I search for codes in the tool?**

- Select the **lookup** icon next to the diagnosis code fields. This will open the **Diagnosis Search** box, which you can use to search for codes. Use wildcard characters (\*) when entering terms into the **Description** field for best results.



Type	Code	Description	Gender	Min Age	Max Age
There are no records to display.					

**10. I can't view or edit an authorization or referral I made even though I can receive notifications in the Message Center about the authorization or referral. Why did my permissions change?**

- Check the provider portal to ensure you've selected the correct organization. You should always select the organization you intend to submit, view, and modify TRICARE referrals and authorizations from. If you have selected another organization, you may not be able to view or edit your TRICARE referrals and authorizations.
- Check the provider portal to ensure your listed Provider ID is correct.

**11. Does TriWest accept retroactive authorizations?**

- Yes, TriWest will accept retroactive authorizations if the service was within waiver time, extending back to January 1, 2025.

**12. Do I need to provide letters of attestation when submitting referral or authorization requests?**

- No, letters of attestation are not required.

**13. Where can I learn more about referrals and authorizations?**

- Visit the TriWest Learning Center and the Resources tab. You can access both from the TRICARE West Payer Space.