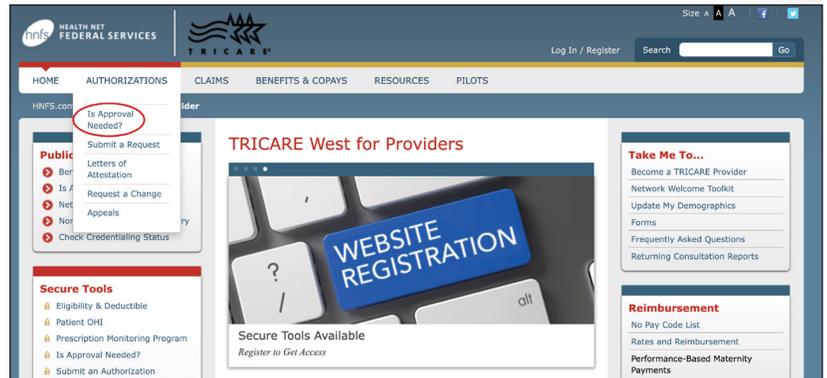# How to Use the Prior Authorization, Referral and Benefit Tool

Step 1:

Visit **www.tricare-west.com**. Select the **Is Approval Needed?** option from the **Authorizations** drop-down menu.


Step 2:

Click on the **Prior Authorization, Referral and Benefit Tool** to get started. For this guide, we will demonstration the basic version of the tool which does not require you to log in.

For providers

If you are logged in at **www.tricare-west.com**, you will be directed to the secure version of our Prior Authorization, Referral and Benefit Tool. Simply type the beneficiary's name and the TRICARE plan options will automatically populate.
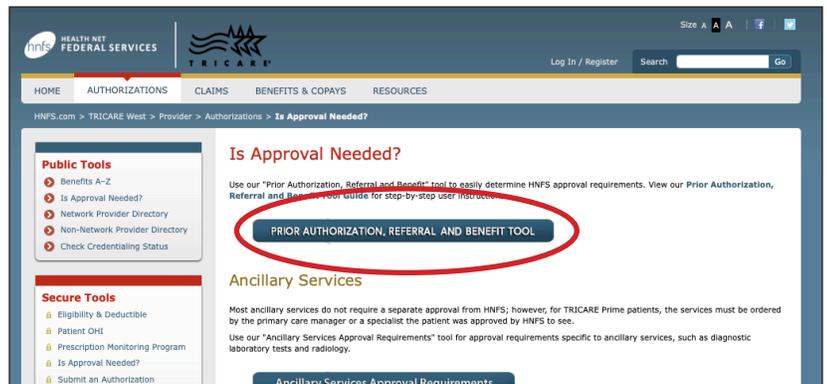
Step 3:

Select the beneficiary's plan type from the drop-down menu.

Note: If you select a TRICARE Prime plan the tool will then ask you if the beneficiary is an active duty service member.

Step 4:

Answer a series of questions regarding the beneficiary. The next question is determined based on the previous answer so it may look different from the example to the right.

Step 5:

The final question requires you to select the type of service.

- Choose a type of service from the list provided. (Tip: Click on the yellow question mark next to an item to view more detailed information.)
- If the service needed does not fall under any of the listed categories, use the "None of the above" field to enter in the appropriate CPT® or HCPCS code. *Do not use this option if the type of service is listed. Users who bypass the list and just enter a code in the "None of the above" field may receive incorrect approval requirements.*

Choose one of the following options.

○ Specialty care office visits by individual professional providers (not including care performed by primary care manager/provider) ❓

○ Mental health ❓

○ Maternity care ❓

○ Preventive services (including routine eye exams) ❓

○ Services by audiologist, optometrists, or physical, occupational, or speech therapists ❓

○ Durable medical equipment (DME) ❓

○ Urgent care services ❓

○ Emergency room services ❓

○ Home health care ❓

○ Plastic or cosmetic surgery ❓

○ Adjunctive dental ❓

○ Hospice care ❓

○ Smoking cessation services ❓

○ Laboratory developed test ❓

○ Clinical trials ❓

Step 6:

Once you've selected the type of service (or entered a code), you will receive a summary of the approval requirements, based on the answers provided. This screen also allows you to print a copy for your records.

For this example, we've selected outpatient home health care for a TRICARE Select beneficiary who does not have other health insurance and is using a network provider.

⦿ Home health care ❓

○ Plastic or cosmetic surgery ❓

○ Adjunctive dental ❓

○ Hospice care ❓

○ Smoking cessation services ❓

○ Laboratory developed test ❓

○ Clinical trials ❓

○ None of the above ❓

An approval from Health Net Federal Services is required for this service.

If the home health agency submits the request, a physician's order must be included.

To view the beneficiary's costs, providers may visit our **Copayment and Cost-Share Information** page and beneficiaries may visit TRICARE's **Health Plan Costs** page.

The Prior Authorization, Referral and Benefit Tool does not provide you with approval for services. Providers may use our **Online Authorization and Referral Submission tool** to submit a request.

This information is valid as of Friday, 20 January 2023 05:08 PM EST

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End of Guide