



Authorization Status Tool

Check status and view/print determination letters

Health Net Federal Services, LLC (HNFS) offers beneficiaries an easy way to view authorization details with our secure, online Authorization Status tool.

This tool is for beneficiaries registered at www.tricare-west.com.

Key features:

- Check referral and authorization status.
- Print determination letters.
- Make network-to-network provider changes.

Beneficiaries:

- TRICARE requires beneficiaries access referral and authorization notices online. There is no “opt out” option.
- Other ways to view determination letters:
 - Check your Secure Inbox for status messages.
 - Sign up for text or email alerts.
 - If you do not have access to a computer, call our customer service line to request letters be mailed to you on a per-instance basis.

Step 1:

Go to the beneficiary portal at www.tricare-west.com. Under the Secure Tools section, select “Authorization Status.” If you are not already logged in, you will be directed to do so.

The screenshot shows the TRICARE West for Beneficiaries website. At the top right, the 'Log In / Register' link is circled in red. Below the navigation bar, there are three main sections: 'Public Tools', 'Secure Tools', and 'Take Me To...'. In the 'Secure Tools' section, 'Authorization Status' is circled in red. The main content area features a banner for 'TRICARE West for Beneficiaries' with the text 'Start Your Path to Healthy' and 'Take a Health Risk Assessment'. The 'Take Me To...' section lists various services like Mental Health Care, Forms, and Case/Disease Management Nomination. The 'Education' section lists CDC: COVID-19, Changes to TRICARE, TRICARE Webinars, and Guides and Handbooks.

Step 2:

You may search the status for yourself, dependent or other family members (if permission to view the record has been granted). Choose to search by a certain time frame or date range, or by the authorization number.

Secure > Authorization Search

Check Status or Make Changes to an Authorization

* = Required Field.

* Check Status of
Self

* Search for authorization by
 Authorizations and referrals within the last
48 months

Show me all authorizations and referrals between
MM / DD / YYYY --&-- MM / DD / YYYY

Authorization Number

SEARCH RESET

Note: This guide provides step-by-step instructions on how to use the Check Authorization Status tool to change the specialty care provider on an existing authorization or referral.

Step 3:

Once you locate the authorization you'd like to view, click on the authorization number to view details.

Check Authorization and Referral Status

* Sponsor SSN XXXX-XX-1234
* Patient Name
* Patient Date of Birth
* Patient DBN

SHOW ME ALL AUTHORIZATIONS AND REFERRALS WITHIN THE LAST 48 MONTHS

Search all Columns Show 20 entries Dates of Service

Authorization	Dates of Service	Place of Service	Servicing Provider	Provider Specialty	Decision Description	Claims Link
0000001234	04/23/2020 - 10/20/2020	Outpatient	Concentra Medical Center	Physical Therapy	Pended	View claims for this authorization

Step 4:

The details page will show you the authorization status (approved, pended/pending, canceled or denied). This page will also give you an option to view your authorization letter. Click on "View authorization letter" to view and/or print the determination letter from HNFS. *The option to view and/or print the authorization letter will only exist if one has been generated by HNFS.*

If you would like to request a different network specialist, click on the "Request New Provider" link.

CHECK AUTHORIZATION AND REFERRAL STATUS

Authorization 12345123456789098765436	Requesting Provider Name John Doe
Authorization Status Approved	Provider Phone (123) 123-4567
Decision Approved	Servicing Provider Name HANGER PROSTHETICS & ORTHOTICS EAST INC DBA HANGER CLINIC
UIN	Servicing Provider NPI 12345678909
Patient Name John Doe	Provider Phone (123) 123-4567
Patient DBN 12345678909	Servicing Facility
Patient DOB 01/02/1960	Provider Address 2318 E. Meyer Blvd, Kansas City, MO 64132-1105
Primary Diagnosis Code S32.009	Request New Provider
Secondary Diagnosis Code	FAX (816) 363-8998
Plan TRICARE Prime-Active Duty Family Members	Primary Diagnosis/Description Unspecified fracture of unspecified lumbar vertebra
Sponsor Name John Doe	Secondary Diagnosis/Description
Sponsor SSN XXXX-XX-1234	Specialty Durable Medical Equipment & Medical Supplies

[View authorization letter](#)
[View claims for this authorization](#)