

How to Use the Prior Authorization, Referral and Benefit Tool

The Prior Authorization, Referral and Benefit Tool tool only identifies whether approval is needed. It does not provide approval. Services requiring an approval must be submitted to Health Net Federal Services, LLC for review.

Step 1:

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



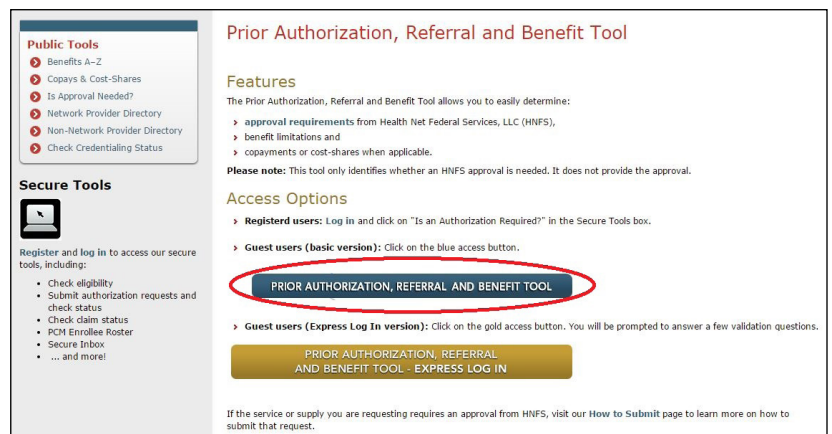
Step 2:

Click on the **Prior Authorization, Referral and Benefit Tool** to get started. For this guide, the basic version will be demonstrated.

For providers

Providers will see two options. The blue box is the basic version and does not require a log in. The gold box version will require a provider log in.

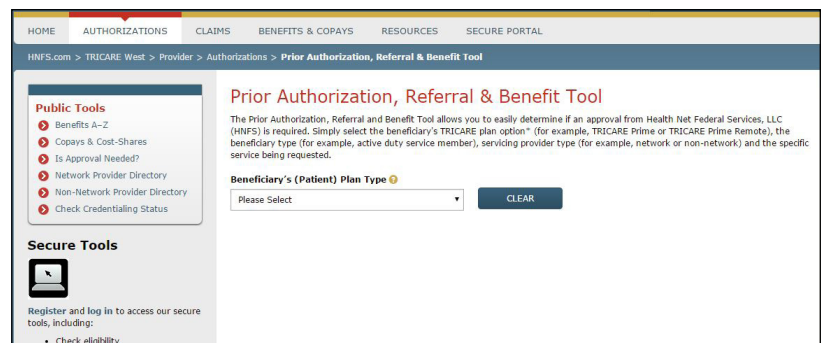
Note: If you choose to log in, simply type the beneficiary's name and his/her plan options will automatically populate.



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.

Prior Authorization, Referral & Benefit Tool

The Prior Authorization, Referral and Benefit Tool allows you to easily determine if an approval from Health Net Federal Services, LLC (HNFS) is required. Simply select the beneficiary's TRICARE plan option* (for example, TRICARE Prime or TRICARE Prime Remote), the beneficiary type (for example, active duty service member), servicing provider type (for example, network or non-network) and the specific service being requested.

Beneficiary's (Patient) Plan Type ?

TRICARE Select CLEAR

Is the beneficiary dual-eligible under both Medicare and TRICARE? ?

Yes No

Does the beneficiary have any other health insurance as primary coverage (not including Medicare)? ?

Yes No

Is the servicing provider network or non-network? ?

Network Non-Network

Place of service? ?

Inpatient Outpatient

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 Care ?
- 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 ?
- None of the above ?

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.

- Emergency room services ?
- 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 Thursday, 18 October 2018 11:53 AM EDT

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End of Guide