

Enter TRICARE Referrals and Authorizations Online

TriWest’s convenient and secure online referral and authorization tool enables you to submit efficient and timely requests, allowing you to concentrate on patient care. The tool provides:

- Increased productivity and lowers your administrative costs
- Faster response times
- Instant confirmation that TriWest has received your referral or authorization request
- Real time status of referrals/authorization requests

Prerequisites

1. You have to be a **registered user** on the secure provider portal at www.triwest.com/provider
 - If you are already registered, please be sure that the tax identification number(s) (TIN) affiliated with your login is the same TIN as the providers for whom you will be entering referrals and authorizations. Each person in your office who submits requests must have their own login for the portal.
 - If you are not a registered user, go to www.triwest.com/provider and click on “Register Today” in the upper left corner of the home page where you will receive instructions on how to register. Once registered, there is a 24-48 hour waiting period before you will be able to use the online tool.
2. You will require access to a Windows PC with the **Internet Explorer** web browser. The online tool does **not** currently support Firefox or Safari Internet browsers.
3. Set the **pop-up blocker** to Always Allow pop-ups from <https://secure.triwest.com>

After logging in to the secure provider portal by clicking on *My Account*, you should see the **Referrals & Authorizations** section below.



TriWest Healthcare Alliance provides access to quality health care for 2.7 million members of America’s military family in the 21-state TRICARE West Region.

Referrals (cont.)

Take the Online Tutorial


Click the Reference and Training link to see a demonstration on how to use the tool and submit your authorizations and referrals online.




IMPORTANT – Please read before submitting

- Only office visits, outpatient care, and preadmission requests can be entered via the tool. The tool should NOT be used for actual inpatient admission notification. You will still need to fax inpatient notifications to TriWest.
- If you are not the beneficiary’s Primary Care Manager (PCM) and are not an ordering practitioner, you should identify the referring provider in the note field. You should not request services outside your scope of practice.
- Always enter a reason and/or clinical information to support your request. This is important information to send the servicing provider and/or the military treatment facility (MTF). Not providing this information can delay the completion of your request.


Begin entering your authorizations and referrals online

You are now ready to submit your TRICARE referral and authorization requests online. Click on Submit Request to launch the application. Use the asterisk (*) when performing a search (i.e., Tax ID* or SMITH, JOHN*). Type the sponsor’s Social Security Number (no dashes) in the Member ID field.


Main Menu > Authorization/Referral Request

Contact Name	SMITH, JOHN
Contact Phone	999-999-9999
Requesting Provider ID	123456789* 
Member ID	
Request Type	(None) 

Notes are REQUIRED for all submissions (tell the servicing provider why you are referring the beneficiary to them) and clinical information is REQUIRED for all active duty Service members (ADSMs). This could include lab or x-ray findings, any therapies that have been tried with their duration and scope, etc.

Notes 

Please write or copy/paste a brief description into the notes section explaining your reason for referral or attach office notes, clinical information or photos to your request. Clinical information is REQUIRED for all Active Duty and for MRI's, PET scans, plastic surgery, adjunctive dental, hysterectomy and most spinal surgery requests.

By putting that information in your request, it can be approved much faster.

Attach
Submit

Attachments – Supporting documentation may be attached in typical file formats: MS Word, JPG, TIF, PDF.



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Referrals (cont.)

Frequently Asked Questions

Q: When I click on the Submit a Referral or Authorization Online link, nothing happens. Why doesn't the application launch?

A: Check the top of your screen for the following error message- **"Pop-up blocked. To see this pop-up or additional options click here..."** To resolve, click where indicated on the link and choose to "Always Allow Pop-ups from this site." Once pop ups are allowed, click on the Submit Request link again to proceed.

Q: Why can't I locate a provider when searching the Provider ID field?

A: When performing a search for the requesting provider, under provider ID, try entering the tax ID followed by the asterisk* and then hitting the TAB key or clicking on the magnifying glass. You can further narrow the search by keying in the physician's LAST NAME (in capital letters) followed by the asterisk. The same criteria applies for the servicing provider, but if you don't know their tax ID, try searching by LASTNAME (in capital letters) followed by the asterisk and you can further narrow down the search by entering the state.

Q: Why is the 'request type' box grayed out?

A: If you are submitting online referrals/authorizations using **Internet Explorer Version 8 (IE8)**, please select the **request type** before completing any other field. Then complete the Contact Name, Contact Phone, Requesting Provider ID and Member ID fields. This is a currently known issue with IE8 that we will be addressing in a future release of our online application.

The screenshot shows the 'Main Menu > Authorization/Referral Request' page. The form fields are as follows:

Contact Name	SMITH, JOHN
Contact Phone	999-999-9999
Requesting Provider ID	123456789*
Member ID	
Request Type	(None)

Internet Explorer 8 users must complete any drop-down boxes (i.e., Request Type) prior to filling in text boxes (i.e., Provider ID).

Q: The application states 'Your Session has expired and you have been logged out.'

A: For security compliance purposes, and in order to protect patient information, there is a 30-minute timeout period due to inactivity on the secure provider portal. If you encounter this message when trying to enter an authorization or referral, you will need to completely log out of the secure provider portal, close the Internet Explorer browser and launch a new browser session.

Q: If I don't have the sponsor's Social Security Number or the patient's Member ID, how can I find the patient?

A: You can use the spy glass to the right of the member ID field. In the name field, enter the member's name using the format of last name, first name and click the search button. If more than one search result is returned for the same name, use the Date of Birth (DOB) field to determine the correct record to select.



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Referrals (cont.)

Q: Why am I getting an error when I change the CPT codes?

A: If you are choosing a request type that already has the CPT codes listed, the system will not allow you to change them. If a service lists a range of CPT codes, as long as the codes you need exist within that range you are all set. If you need to add additional codes to a pre-built request type, choose the copy service link after the last service and you can change those CPT codes.

Q: If I only have one procedure code, what do I enter in the Procedure (Low) and Procedure (High) fields?

A: The same value would be entered in both fields.

Q: What if I can't find a request type (aka profile) for the type of service I am requesting?

A: In the drop down list, select the Z – Free Form request type. This is a blank template that will allow you to add the appropriate information for the services you need. The form only has one service in the template. To add additional services, you can use the COPY Service link to add as many as you need. If there is a service that you request frequently, you may suggest that a profile be considered by submitting a request using the *Technical Assistance with Submission Requests* using the process below.

Q: Why can't I change service date or back date the referral/authorization?

A: Service Dates will be auto populated using the date of submission as the start date. You will not be able to alter them. If your start date precedes your date submission, you will need to follow the process in Section 7 of the TRICARE Provider Handbook for submitting a post-service prepayment review.

Q: How do I identify that the request is an emergency or urgent?

A: The Event Classification is currently defaulted to Routine. If you need to change this to Urgent or Emergency, use the drop down to select the appropriate option. An Emergency request means that medically necessary treatment is required immediately. An Urgent request means that treatment is required within 72 hours to avoid further complications. Note that prior authorization is not required for emergent care.

Q: What should I do if I made a mistake and accidentally submitted my request?

A: You can't make an update through the tool. If you find that a change needs to be made to your referral or authorization request, please contact the TriWest Contact Center at 1-888-TRIWEST (1-888-874-9378).

Help is only a click away!

Should you experience any issues or need help regarding the use of the online submission tool, click the *Technical Assistance with Submission Requests* link and complete the online form. This form will go directly to your TriWest Support Team and someone will contact you shortly. This assistance is ONLY for the functionality of the online tool, not to resolve referral or authorization questions usually handled by the Contact Center staff.



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