



What is a request type?

Request types are templates created for use with Health Net Federal Services, LLC's (HNFS) online referral and authorization submission tools, available at **www.tricare-west.com** > *Provider*. Each request type has been developed by HNFS in accordance with the TRICARE manuals.

When a request type is selected, the associated codes/code ranges, number of visits, and duration of the authorization will pre-populate on the request.

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Outpatient Specialty Referral Request Types

| Description | Included CPT [®] Code(s) | Request Type | Approval Duration |
|--|---------------------------------------|-----------------|---|
| Evaluate and Treat Specialty Referral | 99202–99205, 99211–99215, 99242–99245 | P1 | 180 days for ADSMs 365 days for non- ADSMs |
| Evaluate Only Specialty Referral | 99202–99205, 99211–99215, 99242–99245 | P3 | 180 days |
| Oncology - Evaluate and Treat Spec Ref | 99202–99205, 99211–99215, 99242–99245 | P6 | 365 days |
| Pre/Post Transplant | 99211–99215, 99242–99245 | P58 | 360 days for codes 90 days for codes |
| Routine Eye Examination | 92002–92015 | P63 | 90 days |
| Second Opinion | 99202–99205, 99211–99215, 99242–99245 | P5 | 90 days |
| Specialty Referral Extension | 99211–99215 | P4 | 180 days, dependent on initial episode of care date |

ADSMs = active duty service members

Request types, descriptions and corresponding codes are subject to change.





Outpatient Authorization Request Types

Physical Health

The Approval Duration column shows HNFS' standard authorization time frames. However, if the PCM's specialty referral is still valid (see p.2 for referral durations), servicing providers should request a date extension using the online **Authorization Change Request Form** rather than asking the PCM for a new referral. (Exception: For physical, speech and occupational therapy, and applied behavior analysis [ABA] and Extended Care Health Option [ECHO] services, please submit a new authorization request to HNFS.)

| Description | Included CPT®, NDC, HCPCS Codes | Request Type | Approval Duration |
|---|---|-----------------|---|
| ACD ABA Initial Assessment Authorization | 97151 | P174 | 45 days |
| ACD Outcome Measure Authorization | 97151, 97151, 97151 | P175 | 365 days |
| ACD ABA Treatment Authorization | 97151, 97153, 97155, 97156, 97157, 97158, 99366, 99368 | P177 | 180 days |
| ACD ABA Discharge Report Submission | 99199 | P178 | 1 day |
| Acupuncture | 97810 | P163 | 90 days |
| Adjunctive Dental* | *generic request type (enter codes manually) | P127 | 180 days |
| Air Ambulance Services | A0430-A0431 | P116 | 14 days |
| Allergy Services | 95004, 95017–95117 | P9 | 180 days |
| Ambulance Services | A0999 | P10 | 14 days |
| Audiology | 92550, 92552–92557, 92563–92584, 92588 | P11 | 90 days |
| Breastfeeding Counseling | 99401–99404 | P159 | 365 days |
| Cardiac Rehabilitation | 93797–93798 | P12 | 90 days |
| Chiropractic Care | 98940–98943 | P14 | 90 days |
| Colonoscopy | 45300–45392 | P43 | 90 days |
| Custodial Care Home | 99600 | P165 | 30 days |
| Dental Anesthesia | 41899, 00170 | P101 | 180 days |
| Dental/Adjunctive Dental Svc Data Entry | D9310, 992202-92205, 99242-99245 | P22 | 180 days |
| Diabetic Education | G0108–G0109 | P23 | 180 days |
| Diabetic Eye Exam | 92082, 92250, 99203-99204 | P114 | 90 days |
| Dialysis | 90935 | P60 | 90 days |
| Emergency Room Visit | 99281–99285 | P44 | 5 days after and 15 days prior to the date of service |
| Global OB | 59400-59622 | P76 | 11 months |
| Global OB ICD-10 | 59400-59622 | P126 | 11 months |
| Hippotherapy | S8940 | P124 | 180 days |
| Home Health Infusion Therapy* | 99601–99602 *generic request type (can also enter codes manually) | P28 | 90 days for codes 99601–99602 180 days for all others |
| Home Health Basic Benefit Under PPS | 0023 | P26 | 60 days |
| Hospice | 0651–0657, 0551, 0561, 0571 | P46A | 90 days |
| Hourly Skilled Nursing | 99347 | P48 | 90 days |
| Injection, Epidural (Cervical or Thoracic) | 62320–62321, 77003 | P30 | 90 days |
| Injection, Epidural (Lumbar or Sacral) | 62322–62323, 77003 | P31 | 90 days |
| Injection, Facet Joint (Cervical or Thoracic) | 64490-64492 | P32 | 90 days |
| Injection, Facet Joint (Lumbar or Sacral) | 64493–64495 | P33 | 90 days |
| Injection, HPV | 90649 | P29 | 180 days |
| Integrated Disability Evaluation | 99456 | P111 | 180 days |
| Maternity Ultrasounds | 76801–76817 | P34 | 90 days |
| Non-USFDA LDTs Demo* | *generic request type (enter codes manually) | P162 | 60 days |
| Nutritional Counseling | 97802–97804 | P24 | 180 days |
| Observation Stay | G0378-G0379 | P35 | 10 days |





| | 97165, 97167–97168, 97010, 97016–97024, | | |
|---|---|-------|---|
| Occupational Therapy – Acute Injuries | 97028, 97033–97036, 97110–97124, 97140–97150, 95851–95852, 97530, 97535 | P36A | 120 days |
| Occupational Therapy – Post Op Care | 97165, 97167–97168, 97010, 97016–97024, 97028, 97033–97036, 97110–97124, 97140–97150, 95851–95852, 97530, 97535 | P36B | 150 days |
| Occupational Therapy – Long Term Conditions | 97165, 97167–97168, 97010, 97016–97024, 97028, 97033–97036, 97110–97124, 97140–97150, 95851–95852, 97530, 7535 | P36C | 180 days |
| Opioid Replacement Therapy (ORT) | 0912–0913 | P152 | 180 days |
| Osteopathic Manipulation | 98925–98929 | P37 | 90 days |
| Outpatient Infusion Therapy or Medication Administration* | *generic request type (enter codes manually) | P115 | 90 days |
| Outpatient PH Medical Procedure* | *generic request type (enter codes manually) | P106 | 180 days |
| Outpatient PH Surgical Procedure* | *generic request type (enter codes manually) | P105 | 180 days |
| Physical and Occupational Therapy – Acute Injuries | 97165–97168, 97010, 97016–97024, 97028, 97033–97036, 97110–97124, 97140–97150, 97161–97164, 97010, 97016-97024, 97028, 97033–97036, 97110–97124, 97140–97150, 95851–95852, 97530, 97535 | P125A | 120 days |
| Physical and Occupational Therapy – Post-Op Care | 97165–97168, 97010, 97016–97024, 97028, 97033–97036, 97110–97124, 97140–97150, 97161–97164, 97010, 97016-97024, 97028, 97033–97036, 97110–97124, 97140–97150, 95851–95852, 97530, 97535 | P125B | 150 days |
| Physical and Occupational Therapy – Long-Term Conditions | 97165–97168, 97010, 97016–97024, 97028, 97033–97036, 97110–97124, 97140–97150, 97161–97164, 97010, 97016-97024, 97028, 97033–97036, 97110–97124, 97140–97150, 95851–95852, 97530, 97535 | P125C | 180 days |
| Physical Therapy – Acute Injuries | 97161–97164, 97010, 97016–97024, 97028, 97033–97036, 97110–97124, 97140–97150, 95851–95852, 97530, 97535 | P38A | 120 days |
| Physical Therapy – Post-Op Care | 97161–97164, 97010, 97016–97024, 97028, 97033–97036, 97110–97124, 97140–97150, 95851–95852,97530, 97535 | P38B | 150 days |
| Physical Therapy – Long-Term Conditions | 97161–97164, 97010, 97016–97024, 97028, 97033–97036, 97110–97124, 97140–97150, 95851–95852, 97530, 97535 | P38C | 180 days |
| Pulmonary Rehabilitation | G0237–G0238 | P13 | 90 days |
| Pulmonary Rehabilitation Pre/Post Transplant | 97161–97163, 97110 | P59 | 30 days for codes 97161–97163 90 days for code 97110 |
| Respite Care for Extended Care Health Option | 99600 | P47 | 365 days |
| Sleep Study | 95810–95811 | P40 | 90 days |
| Sleep Study Sleep Study (Under 6 Years Old) | 95782–95783 | P123 | 90 days |
| Smoking Cessation | 96156, 96158–96159, 96164–96165 | P62 | 120 days |
| Speech Therapy – Acute Injuries | 92521–92524, 92507 | P39A | 120 days |
| Speech Therapy – Post-Op Care | 92521–92524, 92507 | P39B | 150 days |
| Speech Therapy – Long-Term Conditions | 92521–92524, 92507, 92610 | P39C | 180 days |
| Synagis | 90378 | P67 | 150 days |
| Terminal Leave Blanket Authorization | 99202–99215, 90791–90792, 99202–99205 | P128 | This request type is to be used by military hospitals or clinics only |
| Trigger Point Injections | 20552–20553 | P41 | 90 days |
| Urgent Care | 99202–99205 | P45 | 5 days after and 15 days prior to the date of service |

^{*=} generic request type



Outpatient Authorization Request Types (continued)

Behavioral Health

The Approval Duration column shows HNFS' standard authorization time frames. However, if the PCM's specialty referral is still valid (see p. 2 for referral durations), servicing providers should request a date extension using the online **Authorization**Change Request Form rather than asking the PCM for a new referral.

| Description | Included CPT®, NDC, HCPCS Codes | Request Type | Approval Duration |
|--|--|-----------------|--|
| Outpatient Therapy (BH) | 90791–90792, 90832–90840, 90846–90853, 99211–99215, 90785, 99202–99205 | P50 | 90 days for codes 90791–90792, 99202–99205 |
| | | | 180 days for codes 90832– 90840, 90846–90853, 99211–99215, 90785 |
| Electroconvulsive Therapy (BH) | 90791–90792, 90870 | P64 | 90 days for codes 90791–90792 |
| , | | | 180 days for code 90870 |
| IOP Psych (BH) | S9480 | P156 | 90 days |
| IOP Substance Abuse (BH) | H0015 | P157 | 90 days |
| Medication Assistant Treatment (BH)* | *generic request type (enter codes manually) | P167 | 180 days |
| Medication Management (BH) | 99202–99215 | P51 | 180 days |
| Observation Stay (BH) | G0379 | P75 | 10 days |
| PHP Psych Full Day (BH) | 0913 | P71 | 90 days |
| PHP Psych Half Day (BH) | 0912 | P73 | 90 days |
| PHP Substance Abuse Full Day (BH) | 0913 | P72 | 90 days |
| PHP Substance Abuse Half Day (BH) | 0912 | P74 | 90 days |
| Psychological/Neuropsychological Testing | 90791–90792, 96130–96146 | P171 | 90 days for codes 90791–90792 |
| (BH) | | | 180 days for codes 96130–96146 |
| Sparvato [®] Esketamine (BH) | G2082-G2083 | P173 | 90 days |
| Transcranial Magnetic Stimulation (BH) | 90791–90792, 90867–90869 | P166 | 90 days for codes 90791–90792 365 days for codes 90867–90869 |

BH = behavioral health, *= generic request type



Durable Medical Equipment Request Types

The Approval Duration column shows HNFS' standard authorization time frames. However, if the PCM referral is still valid (see p. 2 for referral durations), servicing providers may request a date extension using the online **Authorization Change Request Form** rather than going back to the PCM for a new referral.

| Description | Included CPT [®] , NDC, HCPCS Codes | Request Type | Approval Duration |
|--|--|-----------------|--|
| ASV (Adaptive Servo-Ventilation Machine) Purchase and Supplies | E0471, E0562, A7027–A7039, A7046, A4604 | P168P | 455 days |
| ASV Rental and Supplies | E0471, E0562, A7027-A7039, A7046, A4604 | P168R | 455 days |
| BiPap Purchase and Supplies | E0562, E0470, A7030–A7039, A7046 | P17P | 455 days |
| BiPap Rental and Supplies | E0562, E0470, A7030-A7039, A7046 | P17R | 455 days |
| Breast Pump and Supplies – Heavy Duty Hospital Grade | E0604, A4281-A4286, A9999, A9900 | P160 | 90 days for codes E0604 455 days for codes A4281-A4286, A9999, A9900 |
| Breastfeeding Pump and Supplies | E0602-E0603, A4281-A4286, A9999, A9900 | P158 | 455 days |
| Commode (3 in 1) | E0163 | P57 | 455 days |
| CPAP Standard Purchase and Supplies | E0601, E0562, A7027-A7039, A7046, A4604, | P16P | 455 days |
| CPAP Standard Rental and Supplies | E0601, E0562, A7027-A7039, A7046, A4604 | P16R | 455 days |
| CPAP Portable Purchase and Supplies | E0601, E0562, E1399, A7027–A7039, A7046, A4604 | P172P | 455 days |
| CPAP Portable Rental and Supplies | E0601, E0562, E1399, A7027–A7039, A7046, A4604 | P172R | 455 days |
| CPAP Supplies Only | A7027-A7039, A7046, A4604 | P155 | 455 days |
| CPM Machine – Knee | E0935 | P54 | 21 days |
| CPM Machine - Other | E0936 | P65 | 21 days |
| DME Purchase and Med Supplies Generic (Outpatient)* | *generic request type (enter codes manually) | P108 | 455 days |
| DME Rental and Med Supplies Generic (Outpatient)* | *generic request type (enter codes manually) | P107 | 455 days |
| Insulin Pump Purchase and Pump Supplies | E0784, A4222, A4231-A4232 | P15P | 455 days |
| Insulin Pump Rental and Pump Supplies | E0784, A4222, A4231-A4232 | P15R | 455 days |
| LVAD | L9900 | P61 | 455 days |
| Personal Incontinence Supplies | A4520, T4521–T4536, T4539, T4543 | P161 | 365 days |
| Prosthetics and Orthotics Generic (Outpatient)* | *generic request type (enter codes manually) | P109 | 180 days |
| Rolling Walker | E0143 | P56 | 455 days |
| Synthetic Sheepskin Pad | E0188 | P55 | 455 days |
| TENS Unit – Purchase | E0720-E0730, A4595, E0731 | P113 | 455 days |
| TENS Unit – Rental | E0720-E0730, A4595, E0731 | P112 | 455 days |
| Wheelchair Rental – Basic | K0001, E0990 | P18 | 455 days |
| Wound Vacuum | E2402, A6550, A7000, A4221, A4222 | P21 | 180 days |

^{*=} generic request type



Inpatient Authorization Request Types

For use with CareAffiliate® only. The Web Authorization/Referral Form (WARF) does not support inpatient requests.

| Description | Included CPT®, NDC, HCPCS Codes | Request Type | Approval Duration |
|---|--|-----------------|---|
| Bariatric Surgery Laparoscopic Roux-en-Y (Inpatient PH) | 43644 | P97 | 30 days |
| Bariatric Surgery Laproscopic Banding (Inpatient PH) | 43770–43774 | P98 | 30 days |
| Bariatric Surgery Open Roux-en-Y (Inpatient PH) | 43846 | P100 | 30 days |
| Bariatric Surgery Vertical Banding (Inpatient PH) | 43842 | P99 | 30 days |
| BH Admit (Inpatient) | 99221 | P81 | 5 days |
| Chemical Dependency (BH CD) – Detoxification | 99221 | P83 | 7 days |
| Chemical Dependency (BH CD) – Rehabilitation | 99221 | P84 | 5 days |
| C-Section Delivery (Inpatient) | 59514 | P80 | 180 days |
| Custodial Care (Inpatient) | 99324 | P164 | 30 days |
| Double Lung Transplant (Inpatient PH) | 32852–32584 | P89 | 365 days |
| Heart Lung Transplant (Inpatient PH) | 33935 | P90 | 365 days |
| Heart Transplant (Inpatient PH) | 33945 | P94 | 365 days |
| Intestinal Transplant (Inpatient PH) | 44135–44136 | P93 | 365 days |
| Islet Cell Transplant (Inpatient PH) | 48160 | P92 | 365 days |
| Kidney Transplant (Inpatient PH) | 50360, 50365, 50380 | P86 | 355 for code 50360 365 for code 50365, 50380 |
| Liver Transplant (Inpatient PH) | 47135–47136 | P87 | 365 days |
| Long Term Acute Care (Inpatient PH) | 99221 | | 30 days |
| Medical Admit (Inpatient PH) | 99221 | P77 | 5 days |
| | 48554 | P91 | 365 days |
| Rehabilitation – Acute (Inpatient PH) | 99221 | P103 | 30 days |
| Residential Treatment Center (BH Inpatient) | | P82 | 5 days |
| Single Lung Transplant (Inpatient PH) | 32851 | P88 | 365 days |
| Skilled Care (Inpatient PH) | 0022 | P102 | 30 days |
| Stem Cell Transplant Allogeneic (Inpatient PH) | 38240 | P95 | 365 days |
| Stem Cell Transplant Autologous (Inpatient PH) | 38241 | P96 | 365 days |
| Surgical Admit (Inpatient PH)* | *generic request type (enter codes manually) | P78 | 30 days |
| Vaginal Delivery (Inpatient) | 59409 | P79 | 180 days |

BH = behavioral health, PH = physical health, *= generic request type