

CareAffiliate® Guide

Using CareAffiliate at www.tricare-west.com

Use this guide to assist you in using CareAffiliate – Health Net Federal Services, LLC’s (HNFS’) online referral and authorization submission tool for the TRICARE West Region. Use CareAffiliate for both outpatient and inpatient requests.

All TRICARE West Region referral and authorization requests must be submitted online.

Remember ... Not all specialty services require a referral or authorization. Use our online [Prior Authorization, Referral and Benefit](#) (PARB) tool, our [Ancillary Services Approval Requirements](#) tool, and our [Benefits A–Z](#) pages to quickly and easily determine whether an HNFS approval is needed. If the service doesn’t require HNFS approval, then there’s nothing to submit. You can print your results from PARB for your patient files.

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Section 1: Getting Started

To use this tool, you'll first need to log in to www.tricare-west.com, as requests submitted are tied to the provider Tax Identification Numbers (TINs) associated with your www.tricare-west.com account.

Helpful tips

- Use Google Chrome or Microsoft Edge for best results.
- Clear all cookies.

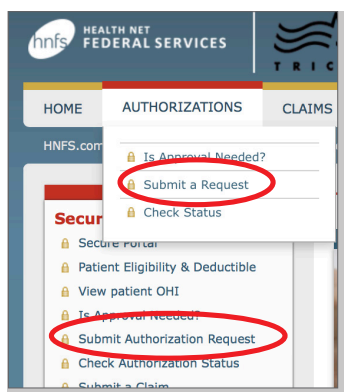
1. **Log in to the secure provider portal.** If you do not yet have a username/password, click the “Register” link to learn more.



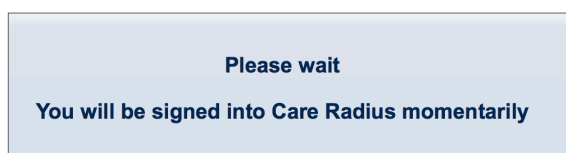
Note: Passwords expire after 365 days. To set a new password, just follow the change password prompts.

2. **Click on Submit Authorization Request.**

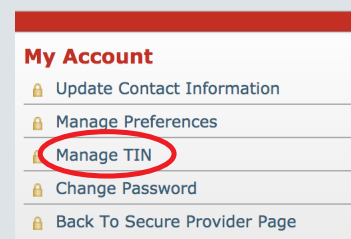
Locate this link in the **Secure Tools** box in the left navigation pane and in the **Authorizations** tab drop-down menu. Both links take you to the same place.



3. **You will be re-directed to CareRadius.** CareRadius is a sub-set of CareAffiliate.



Why Tax Identification Numbers are Important



Your web registration account is linked to your provider Tax Identification Number or TIN. Without this link, you will be unable to select a requesting provider within CareAffiliate and therefore, be unable to submit the request.

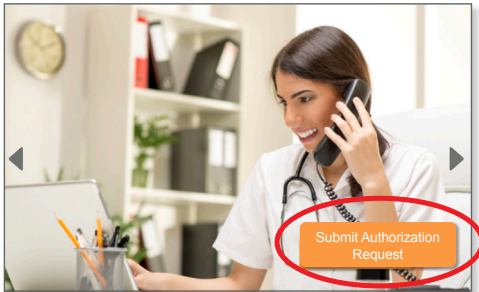
To determine which TIN your registration is linked to, go to the top or left navigation and click on **My Account** > **Manage TIN** to display the provider TIN or TINs that are linked to your account. From here, you can also add additional TINs to your account. Just like when you initially registered on the website, to add TINs you'll need two claim or authorization numbers.

Section 2: Submit a Request

Here are some tips to keep in mind:

- There are multiple ways to search: magnifying glass icon, drop-down menus, “type-ahead” fields, and “wild card” searches using asterisks.
- Certain fields, such as member and requesting provider, have links displayed to the left that allow you to view more details.
- Fields outlined in orange are required fields. If a field is grayed out, it means it is locked and cannot be edited.

1. Click on **Submit Authorization Request**.



2. Search for a member. Click on the magnifying glass symbol to **start your search**.

A screenshot of a web form titled "Authorizations". Under the "General Information" section, there are three input fields: "Member ID" (with a placeholder "Click Look Up icon -->"), "Name", and "Request Type". Each of these fields has a magnifying glass icon to its right, which is circled in red.

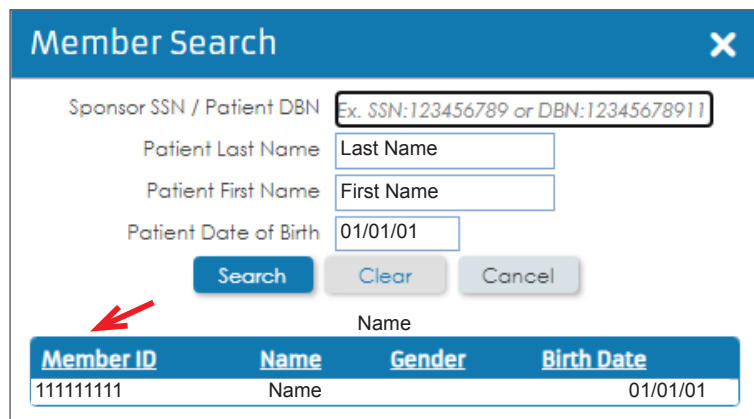
3. **Enter in the patient's information.** All fields are required.

Tip: Be sure to enter the patient's date of birth in the 2-digit month, 2-digit day and 4-digit year format.

A screenshot of a "Member Search" dialog box. It contains the following fields: "Sponsor SSN / Patient DBN" (with a placeholder "Ex. SSN:123456789 or DBN:12345678911"), "Patient Last Name", "Patient First Name", and "Patient Date of Birth". At the bottom, there are three buttons: "Search" (in blue), "Clear", and "Cancel".

Section 2: Submit a Request *(continued)*

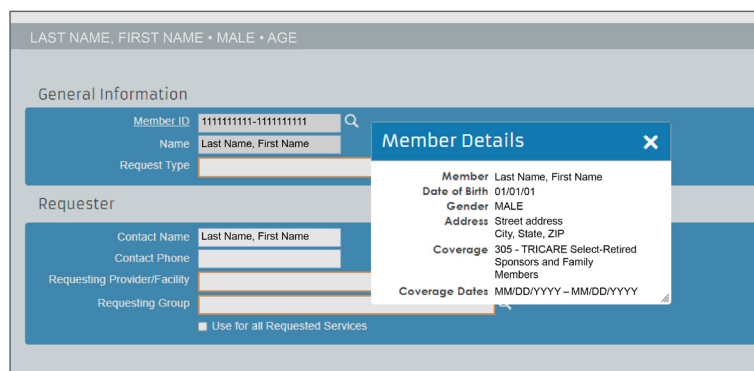
4. Select the beneficiary.



The Member Search form has a blue header with the title "Member Search" and a close button (X). Below the header, there are input fields for "Sponsor SSN / Patient DBN" (with an example: "Ex. SSN:123456789 or DBN:12345678911"), "Patient Last Name", "Patient First Name", and "Patient Date of Birth". Below these fields are three buttons: "Search", "Clear", and "Cancel". A red arrow points to the "Search" button. Below the buttons is a table with the following data:

| Member ID | Name | Gender | Birth Date |
|-----------|------|--------|------------|
| 111111111 | Name | | 01/01/01 |

5. Verify the beneficiary information by clicking on "Member ID." If changes are required, refer to step 21.

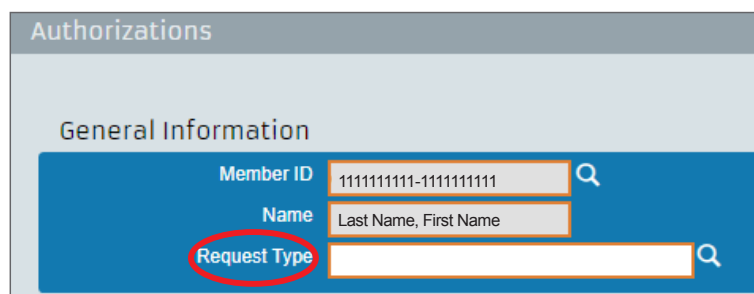


The Member Details form is a modal window with a blue header and a close button (X). It contains a "General Information" section with fields for "Member ID", "Name", and "Request Type". Below this is a "Requester" section with fields for "Contact Name", "Contact Phone", "Requesting Provider/Facility", and "Requesting Group". A checkbox labeled "Use for all Requested Services" is at the bottom. To the right of the form is a "Member Details" sidebar with the following information:

- Member: Last Name, First Name
- Date of Birth: 01/01/01
- Gender: MALE
- Address: Street address, City, State, ZIP
- Coverage: 305 - TRICARE Select-Retired Sponsors and Family Members
- Coverage Dates: MM/DD/YYYY - MM/DD/YYYY

6. Enter the request type. Request types are templates created by HNFS for referral and authorization submissions. Each request type has specified codes/code ranges that will pre-populate in the request.

Tip: Do not use "Evaluate and Treat" request types for therapies (for example, physical therapy) or mental health services.



The Authorizations form has a blue header with the title "Authorizations". Below the header is a "General Information" section with fields for "Member ID", "Name", and "Request Type". The "Request Type" field is circled in red. There are search icons (magnifying glasses) next to the "Member ID", "Name", and "Request Type" fields.

Section 2: Submit a Request *(continued)*

The easiest way to find the appropriate request type is by using the **Request Types** charts.

Request Types

The associated codes/code ranges, number of visits, and duration of the authorization will populate based on the request type selected.

To view the different request type tables, click on the appropriate category:

Outpatient specialty referrals
(provider to provider)
Outpatient authorizations
- physical health
- behavioral health
Durable medical equipment
Inpatient authorizations

| 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 99211–99215 90 days for codes 99242–99245 |

(Sample)

Also see Section 3: Request Types/Adding Codes.

Below are two ways to search for a request type.

- a. Type the request type description into the **Request Type** box and select the appropriate request type. (For example, start typing the word “evaluate” and a drop-down menu will display.)

LAST NAME, FIRST NAME • MALE • AGE

General Information

Member ID: 111111111-111111111

Name: Last Name, First Name

Request Type: Evaluate

Requester: Evaluate and Treat Specialty Referral, Evaluate Only Specialty Referral, Oncology - Evaluate and Treat Spec Ref

Contact Name: Ref

Contact Phone:

- b. When the Request Type Description window pops up, all request types available will appear automatically. However, you can still search for the needed request type. If you aren't sure what request type you need based on the request type charts, click on the magnifying glass to display the **Request Type Selection** search box.

Request Type Selection

Request Type Description: [Search Box]

Procedure: [Search Box]

Specialty: [Search Box]

Show Inpatient Only ☐

Show Behavioral Health / Substance Abuse only ☐

Search Clear Cancel

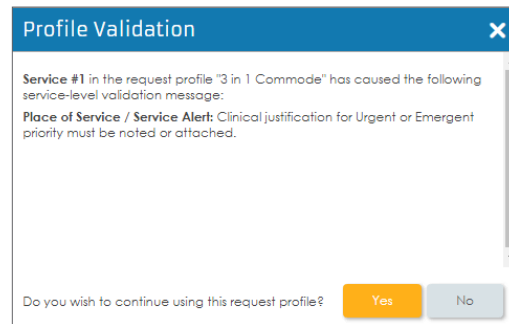
Click on the magnifying glass to the right of the **Procedure** box. Another box will appear; enter in a CPT®, NDC, or HCPCS code in the **Code** box and click the **Search** button to view a description and/or select the procedure. If the code you entered is included in one of our request types, those request types will be displayed and you can choose the appropriate option. If a request type does not display, you must then choose an appropriate generic request type. (See Section 3: Generic Request Types/Adding Codes)

Section 2: Submit a Request *(continued)*

7. Review the profile validation message (if applicable).

Pay close attention to these types of messages!

They may require you to do additional actions prior to submitting your requests.



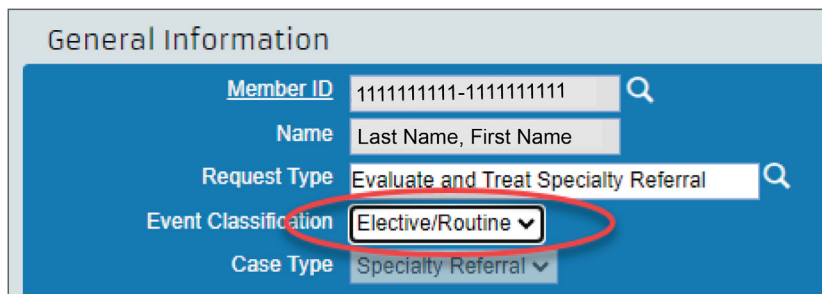
Profile Validation

Service #1 in the request profile "3 in 1 Commode" has caused the following service-level validation message:

Place of Service / Service Alert: Clinical justification for Urgent or Emergent priority must be noted or attached.

Do you wish to continue using this request profile? Yes No

8. Select the event classification.



General Information

Member ID: 111111111-111111111

Name: Last Name, First Name

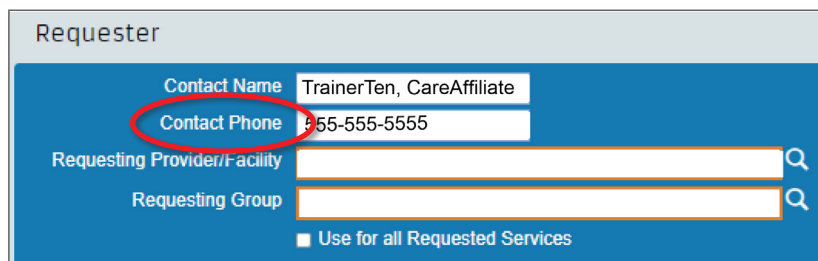
Request Type: Evaluate and Treat Specialty Referral

Event Classification: **Elective/Routine**

Case Type: Specialty Referral

Tip: Use **Elective/Routine** when care is needed within the four-week TRICARE specialty care access standards. Nearly all referral requests are routine unless the patient needs care in less than 72 hours; use **Urgent** when care is needed within 24–72 hours; and use **Emergency** when care is needed within 24 hours or less.

9. Input your phone number in the “Contact Phone” field. The contact information included here is the contact information of the person who is submitting the request.



Requester

Contact Name: TrainerTen, CareAffiliate

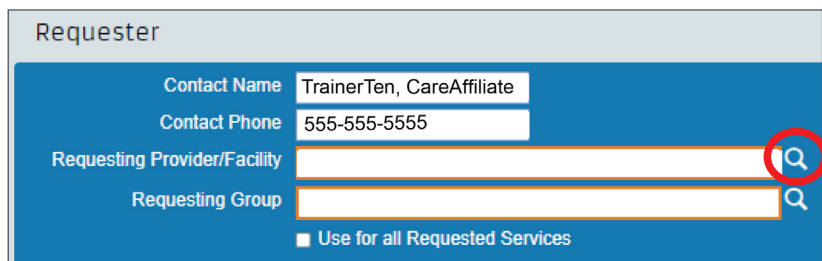
Contact Phone: 555-555-5555

Requesting Provider/Facility:

Requesting Group:

☐ Use for all Requested Services

10. Select a requesting provider/facility or group. Start by clicking on the magnifying glass.



Requester

Contact Name: TrainerTen, CareAffiliate

Contact Phone: 555-555-5555

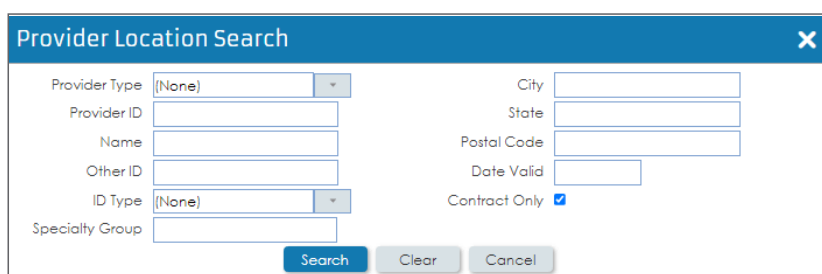
Requesting Provider/Facility:

Requesting Group:

☐ Use for all Requested Services

Tip: “Provider/Facility” = individual provider, “Group” = medical group (includes DME, home health and laboratory providers). You only need to enter provider/facility OR group for outpatient specialty referrals.

11. Search for the requesting provider by TIN, name, or other filters to narrow your search. All the TINs associated with your web account will display. (See “Why Tax Identification Numbers are Important” on page 2.)



Provider Location Search

Provider Type: (None)

Provider ID:

Name:

Other ID:

ID Type: (None)

Specialty Group:

City:

State:

Postal Code:

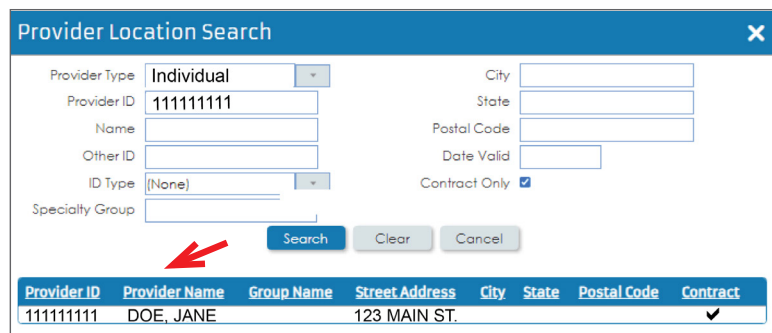
Date Valid:

Contract Only: ☒

Search Clear Cancel

Section 2: Submit a Request *(continued)*

- 12. Select a requesting provider location.** Choose from the drop-down menu or use other filters to narrow your search.

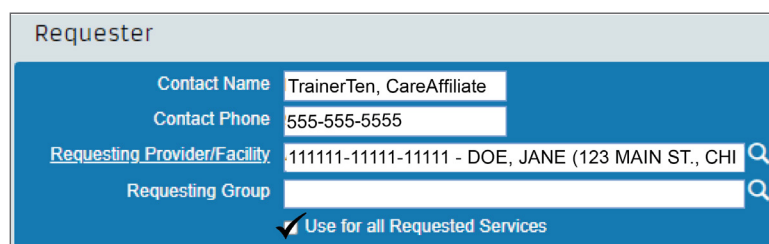


The 'Provider Location Search' dialog box contains the following fields and controls:

- Provider Type: Individual (dropdown)
- Provider ID: 111111111 (text)
- Name: (text)
- Other ID: (text)
- ID Type: (None) (dropdown)
- Specialty Group: (text)
- City: (text)
- State: (text)
- Postal Code: (text)
- Date Valid: (text)
- Contract Only: ☒ (checkbox)
- Buttons: Search, Clear, Cancel
- Search Results Table:

| Provider ID | Provider Name | Group Name | Street Address | City | State | Postal Code | Contract |
|-------------|---------------|------------|----------------|------|-------|-------------|-------------------------------------|
| 111111111 | DOE, JANE | | 123 MAIN ST. | | | | <input checked="" type="checkbox"/> |

Once you select a record, the provider information will populate.

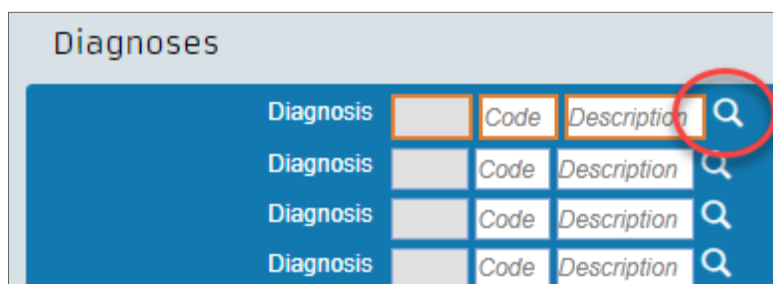


The 'Requester' form contains the following fields and controls:

- Contact Name: TrainerTen, CareAffiliate
- Contact Phone: 555-555-5555
- Requesting Provider/Facility: 111111-11111-11111 - DOE, JANE (123 MAIN ST., CHI) (text with magnifying glass icon)
- Requesting Group: (text with magnifying glass icon)
- Use for all Requested Services: ☒ (checkbox)

Tip: If the requesting provider is also going to be the servicing provider, check the "Use for all Requested Services" box.

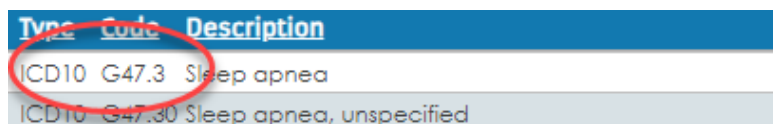
- 13. Enter the diagnosis.** Enter in your ICD-10 code or click on the magnifying glass if you don't have a code.



The 'Diagnoses' section contains a table with the following columns: Diagnosis, Code, Description, and a magnifying glass icon. The table has four rows, each with a magnifying glass icon in the last column.

| Diagnosis | Code | Description | |
|-----------|------|-------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

Always select ICD-10 codes, even if ICD-9 codes show in the drop-down menu or search results.



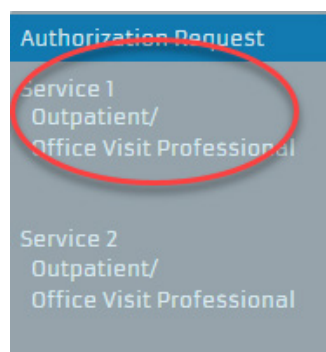
The search results for the diagnosis show the following table:

| Type | Code | Description |
|-------|--------|--------------------------|
| ICD10 | G47.3 | Sleep apnea |
| ICD10 | G47.30 | Sleep apnea, unspecified |

Tip: CareAffiliate lets you add up to four diagnosis codes, with the first diagnosis considered to be primary. If there are additional codes, enter them in the Notes feature in the left navigation blue section.

- 14. Select a service line from the left navigation blue section.**

The request type selected determines the number and type of service lines shown.






The 'Authorization Request' form shows the following service lines:

- Service 1: Outpatient/Office Visit Professional
- Service 2: Outpatient/Office Visit Professional

Section 2: Submit a Request *(continued)*

15. Search for the servicing provider (if different from the requesting provider). Start by clicking on the magnifying glass.

Service #1 - Office Visit Professional

| | |
|--------------------|--|
| Status Reason | Submitted For Review |
| Place of Service | Outpatient |
| Service | Office Visit Professional |
| Service From | 06/14/2023 |
| Provider | <input type="text"/>  |
| Group | <input type="text"/>  |
| Facility | <input type="text"/>  |
| Provider Specialty | <input type="text"/> |

Tip: If you don't have a servicing provider in mind, HNFS can help you locate one by typing in a specialty description in the provider specialty section.


16. Use the TIN, name or other filters to narrow your search.

Provider Location Search

| | | | |
|-----------------|----------------------|---------------|-------------------------------------|
| Provider Type | (None) | City | <input type="text"/> |
| Provider ID | <input type="text"/> | State | <input type="text"/> |
| Name | <input type="text"/> | Postal Code | <input type="text"/> |
| Other ID | <input type="text"/> | Date Valid | <input type="text"/> |
| ID Type | (None) | Contract Only | <input checked="" type="checkbox"/> |
| Specialty Group | <input type="text"/> | | |

17. Enter the specialty.

Service #1 - Office Visit Professional

| | |
|--------------------|--|
| Status Reason | Submitted For Review |
| Place of Service | Outpatient |
| Service | Office Visit Professional |
| Service From | 06/14/2023 |
| Provider | <input type="text"/>  |
| Group | <input type="text"/>  |
| Facility | <input type="text"/>  |
| Provider Specialty | <input type="text"/> |
| Provider Role | Servicing |

Tip: You **MUST** enter the servicing provider's specialty for each service line.

18. For inpatient only.

Home Authorizations Program Enrollment Care Plan Help

Tip: If a provider is submitting an inpatient request with a retroactive date of service, the system will only accept it if it is entered into the "Actual Date Admitted" field. Using the "Service From" field will result in an error message.

CareAffiliate®

Specialty is required for ServiceLine #: 0000021089-001 [HNFS_SVC_013] Service From date cannot be before today. Please update Service From date.

Authorizations

Section 2: Submit a Request *(continued)*

19. Repeat for additional service lines.

[Home](#)
[Authorizations](#)
[Program Enrollment](#)
[Care Plan](#)
[Help](#)

Submit

[Copy Service Line](#)
[Delete Service Line](#)

[Add Procedure](#)
[Delete Selected](#)

| Total Qty | Primary |
|-----------|---------|
| 1 | ✓ |

Tip: CareAffiliate has several copy shortcut functions like **copy service** and **copy provider** when entering requests with multiple service lines. To avoid delays in processing requests, do not add a generic request type to a non-generic request type.

Example: Office visits should be sent as a separate request from a surgical procedure. Non-generic request types are pre-populated templates specifically designed by HNFS.

20. Review the procedure codes/code ranges covered under each service line.

Keep in mind:

- The **Edit**, **Add Procedure** and **Delete Selected** functions cannot be used with most request types. (See *Section 3: Generic Request Types/Adding Codes*).
- The **servicing** provider will determine if additional services are needed and submit any required authorization request to HNFS (**Tip: Most diagnostic services and office procedures do not require a separate authorization**).

| Procedure Information | | | | | |
|--------------------------|--------------------------|--|--|-----------|-------------------------------------|
| | Type | Procedure Low | Procedure High | Total Qty | Primary |
| <input type="checkbox"/> | Edit CPT | 99202 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. | 99205 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. | 1 | <input checked="" type="checkbox"/> |

21. Add notes and/or attachments, if applicable.

The assessment function can be used to recommend provider demographic updates or update the beneficiary's address. (See Section 4: Adding Notes, Attachments and Assessments)

Note: Requesting demographic updates using the assessment feature will only update the information for the request being submitted. Providers should use the Update Demographics tool to make permanent changes. Beneficiaries must update their record in the Defense Enrollment Eligibility Reporting System to make permanent changes.

| | |
|-------------|-----|
| Notes | (0) |
| Assessment | (0) |
| Attachments | (0) |

22. Submit your request.

Submit

Section 3: Generic Request Types/Adding Codes

Q: When should I select a generic request type?

A: You should only select a generic request type if the codes you are searching for do not fall within one of our request type templates.

Q: How do I know which request types are generic?

A: Generic request types generally have the word “generic” in the description. To help, we’ve notated all generic request types in the tables at the end of this guide with an asterisk.

General Information

| | |
|----------------------|--|
| Member ID | 111111111-111111111 |
| Name | Last Name, First Name |
| Request Type | dme pur |
| Event Classification | Outpatient DME Purchase and Med Supplies |
| Case Type | Generic |

| | | |
|---|--|------|
| CPM Machine – Knee | E0935 | P54 |
| CPM Machine – Other | E0936 | P65 |
| DME Purchase and Med Supplies Generic (Outpatient)* | *generic request type (enter codes manually) | P108 |
| DME Rental and Med Supplies Generic (Outpatient)* | *generic request type (enter codes manually) | P107 |
| Insulin Pump Purchase and Pump Supplies | E0784, A4222, A4231-A4232 | P15P |

Q: How do I add the codes I want approved to my request?

A: From the service line section, follow these steps:

Authorization Request

Service 1
Home/
Durable Medical
Equipment Purchase

1. **Select a service line from the left navigation blue section.** The request type selected determines the number and type of service lines shown. ►
2. **Click on Edit in the Procedure Information section.**
Tip: The Add Procedure function will remain disabled. Use the Edit function only.

Procedure Information

| Type | Procedure Low | Procedure High | Primary |
|-----------------------------------|--------------------------|--|---------|
| <input type="checkbox"/> Edit CPT | 59400 - Vaginal Delivery | 59622 - Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care | ✓ |

3. **Enter the code/code ranges.**
Use the magnifying glass if you need to perform a search.

Edit Procedure

Procedure Low

Procedure High

Quantity Visits

Q: What if I want to add codes to a non-generic request type?

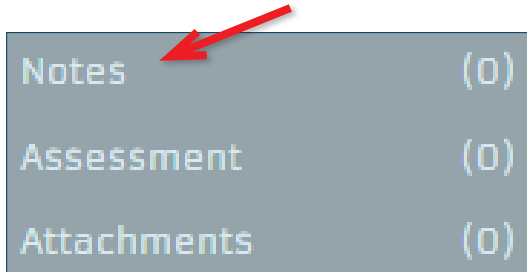
A: This function is not allowed. Remember, non-generic request types are pre-populated templates specifically designed by HNFS according to TRICARE policy.

Section 4: Notes, Assessments and Attachments

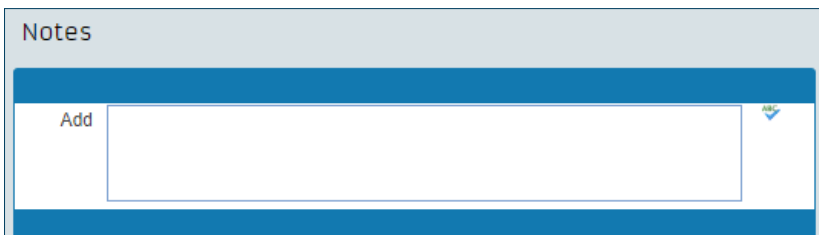
Notes

Use the **Notes** feature to provide HNFS with additional information about your request, such as clinical information in support of urgent requests.

1. Click on **Notes**.



2. Type in the **Add** box. What you type in will automatically save.



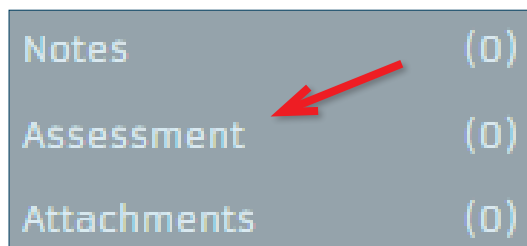
3. Only click **Submit** button in the upper right corner if you are done with the **Notes, Assessments, Attachments** section. Once you hit the Submit button, your submission will complete. ►



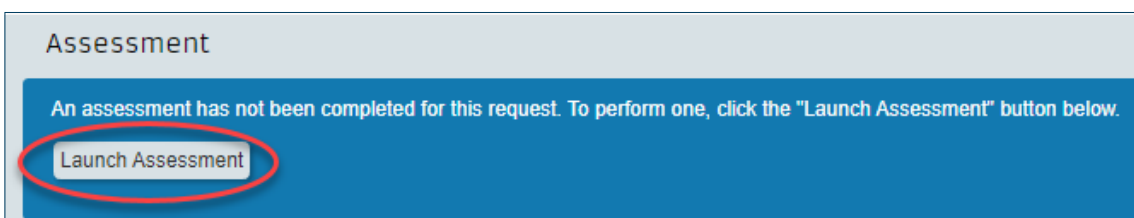
Assessments

Use the **Assessment** feature to suggest patient and provider demographic updates and to supply rationale for requesting a non-network servicing provider.

1. Click on **Assessment**.



2. Click on **Launch Assessment**.



Section 4: Notes, Assessments and Attachments (Continued)

3. Complete the appropriate fields.

*Tip: The **Assessment** feature also allows you to type in clinical documentation notes, but you do not need to repeat information put in the **Notes** section.*

☐ Submit Member Contact Information Change MET

☐ Do you have a member address or phone change to apply to this request?

(None) ▼

4. Click the Complete button.

Complete Cancel

5. Only click Submit button in the upper right corner if you are done with the **Notes, Assessments, Attachments** section. Once you hit the Submit button, your submission will complete. ▶

Submit

Attachments

Use the **Attachments** feature to add supporting clinical documentation, such as Letters of Attestation.

1. Click on **Attachments**.

Notes (0)

Assessment (0)

Attachments (0) ←

2. Click on **Add File**.

Add File

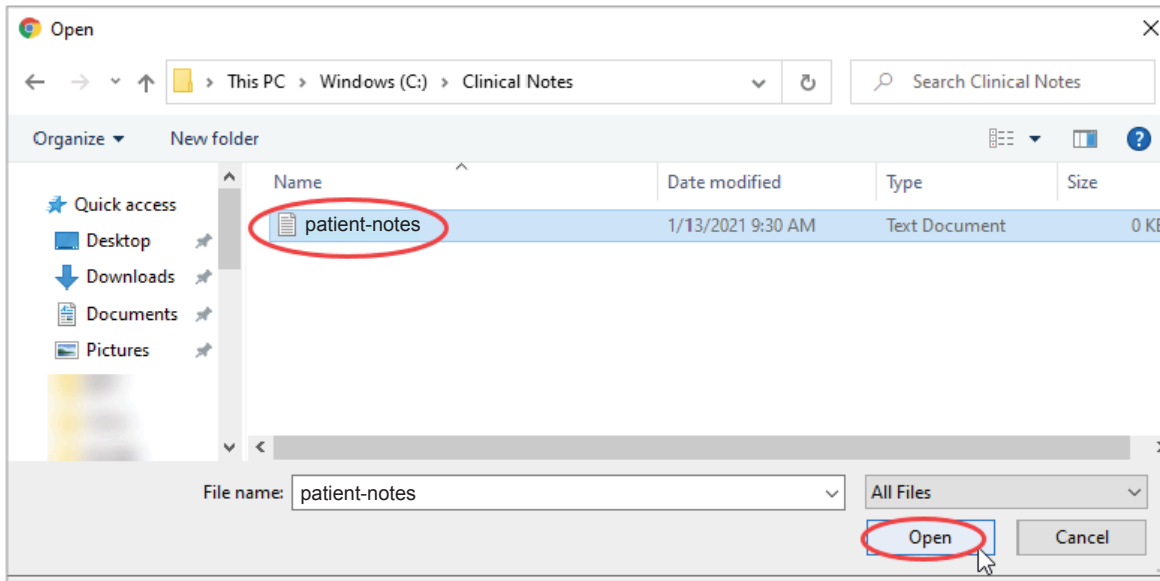
Status

| File Name | CDA Title | Date/Time Attached | File Size | Status |
|----------------------------------|-----------|--------------------|-----------|--------|
| There are no records to display. | | | | |

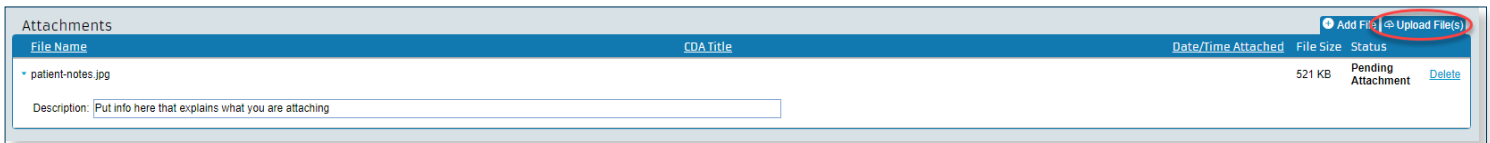
Add File

Section 4: Notes, Assessments and Attachments (Continued)

3. Navigate to the file you wish to upload.



4. Upload the file to CareAffiliate.



5. Only click Submit button in the upper right corner if you are done with the Notes, Assessments, Attachments section. Once you hit the Submit button, your submission will complete. ►



Section 5: Checking Status

1. Navigate to the **Authorizations** screen and either search by Member ID or reference number.

CareAffiliate®

HomeAuthorizationsProgram EnrollmentCare PlanHelp

Welcome Joshua Marshall | Log Out

Authorizations

Search Criteria

Member ID

Click Look Up icon →

Q

Name

Requesting Provider ID

Click Look Up icon →

Q

Name

Requesting Group ID

Click Look Up icon →

Q

Name

Location

Include location as criteria

Servicing Provider ID

Click Look Up icon →

Q

Name

Servicing Group ID

Click Look Up icon →

Q

Name

Location

Include location as criteria

Servicing Facility ID

Q

Name

Location

Include location as criteria

Reference #

000000

UIN

Diagnosis

Code

Description

Q

Procedure

Q

Place of Service

(Any)

Service

Service Dates From

To

Submission Dates From

To

Status

(Any)

Reference #

Authorization #

Member ID

Member Name

Member DOB

Status

Diagnosis

There are no records to display.

2. Select the authorization returned by the search results.

CareAffiliate®

HomeAuthorizationsProgram EnrollmentCare PlanHelp

Welcome Joshua Marshall | Log Out

Authorizations

Search Criteria

Member ID

Click Look Up icon →

Q

Name

Requesting Provider ID

Click Look Up icon →

Q

Name

Requesting Group ID

Click Look Up icon →

Q

Name

Location

Include location as criteria

Servicing Provider ID

Click Look Up icon →

Q

Name

Servicing Group ID

Click Look Up icon →

Q

Name

Location

Include location as criteria

Servicing Facility ID

Q

Name

Location

Include location as criteria

Reference #

012345

UIN

Diagnosis

Code

Description

Q

Procedure

Q

Place of Service

(Any)

Service

Service Dates From

To

Submission Dates From

To

Status

(Any)

Reference #

Authorization #

Member ID

Member Name

Member DOB

Status

Diagnosis

012345

1111111111-111111111

Last Name, First Name

01/01/01

Pended

G47.33 Obstructive sleep area (adlt)(ped)

Section 5: Checking Status (Continued)

3. **View the authorization status.** You can monitor the status by logging in to CareAffiliate and/or print a copy of this page for your records. HNFS will notify you if additional information is needed.

CareAffiliate®

LAST NAME, FIRST NAME • MALE • AGE • Reference #123456 • (Pended)

Return To Search

Authorization Request

Service 1 - (Pended)
Outpatient/
Office Visit Professional

Service 2 - (Pended)
Outpatient/
Office Visit Professional

Service 3 - (Pended)
Outpatient/
Office Visit Professional

Notes (0)

Assessment (0)

Attachments (1)

General Information

Member ID

111111111-111111111

Name

Last Name, First Name

Request Type

Evaluate and Treat Specialty Referral

Event Classification

Elective/Routine

Case Type

Specialty referral

Requester

Contact Name

Last Name, First Name

Contact Phone

(123) 456-7890

Requesting Provider/Facility

12345-67890-0000 - DOE, JANE

Diagnoses

Diagnosis

ICD10-G47.33 Obstructive sleep apnea (adult) (pedia

Online Referral/Authorization Submissions Request Type Guide



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 99211–99215 90 days for codes 99242–99245 |
| 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, 99411–99412 | P159 | 365 days |
| Cardiac Rehabilitation | 93797–93798 | P12 | 180 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 |
| Doula/Childbirth Support Services | 59899, 99509 | P180 | 270 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, G0270–G0271 | P24 | 90 days |
| Observation Stay | G0378–G0379 | P35 | 10 days |

| | | | |
|---|---|-------|---|
| Occupational Therapy – Acute Injuries | 97165, 97167–97168, 97010, 97016–97024, 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 (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 (BH) | 90791–90792, 96130–96146 | P171 | 90 days for codes 90791–90792 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 | P104 | 30 days |
| Medical Admit (Inpatient PH) | 99221 | P77 | 5 days |
| Pancreas Transplant (Inpatient PH) | 48554 | P91 | 365 days |
| Rehabilitation – Acute (Inpatient PH) | 99221 | P103 | 30 days |
| Residential Treatment Center (BH Inpatient) | 99221 | 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