



Online Referral and Authorization Requests Using the Web Authorization/Referral Form (WARF) at www.tricare-west.com

The WARF tool is for outpatient requests only.

Key features of WARF:

- Does not require registration on www.tricare-west.com
- Available for outpatient requests only
- Confirms the request was accepted for processing
- Provides the option to print and save a PDF with the content submitted

Inpatient Requests: The WARF tool does NOT support inpatient requests. Please use CareAffiliate® at www.tricare-west.com > Provider > Authorizations > Submit a Request.

Before we begin



Recommendation: Use Google Chrome or Microsoft Edge for best results.







First, make sure the service requires a referral or pre-authorization. Go to www.tricare-west.com > Provider > Is Approval Needed to use our Prior Authorization, Referral and Benefit tool. If it does not require an approval, please do not submit a request to Health Net Federal Services, LLC (HNFS).

Overall navigation tips

When entering requesting or servicing provider information, please use the provider lookup feature.

REQUESTING PROVIDER DETAILS

Click here for Provider Lookup

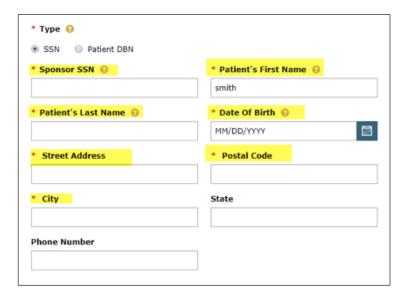


- Do **not** select *multi-specialty* as a provider specialty. This will delay processing of your request.
- will provide you with more details about that specific field.
- Selecting the correct request type is important as it ensures the right codes are included in your authorization. View our **Request Type Guide** to see the codes for each profile.
- The provider submitting the request is the "Requesting Provider." Please use your information to complete the request.

Taking a closer look at submitting a request

Step 1:

You can use the sponsor's Social Security number or the patients Department of Defense Benefits Number (DBN) to identify the patient. Enter the required fields. The * indicates required fields.



Step 2:

Locate the Requesting Provider record using the magnifying icon.

- If you are unable to locate the correct requesting provider, you can manually enter in the information. However, this may delay processing.
- Leave the "Type" field as "Any." If you get too many results, filter by selecting facility, group or individual.
- The recommended search methods are using the National Provider Identifier (NPI) and Tax Identification Number (TIN) without the provider name.

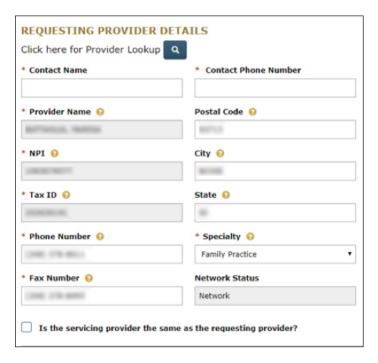


For an individual provider within a group, enter the individual provider's NPI and the group TIN. If you find the right individual and group but the address or phone numbers are wrong, select the record and you can make corrections in the next step.

Step 3:

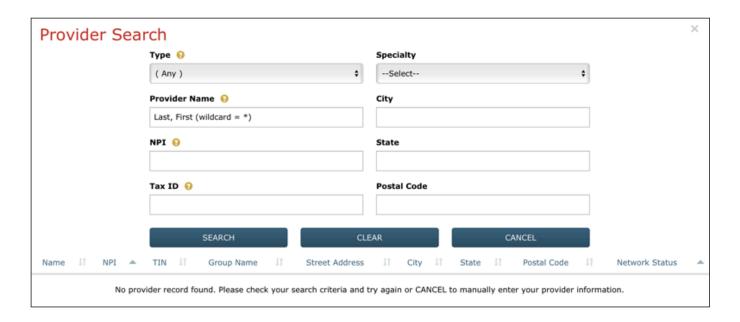
If results display:

- Select the individual provider or group name, as appropriate, to auto-populate this information into the request.
- Enter your contact information and correct information as needed.



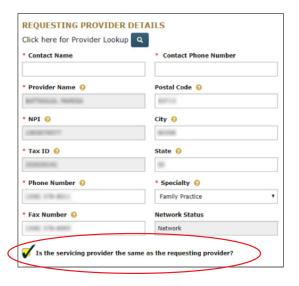
If there are no results or you did not find the correct provider record:

Select Cancel to return to the previous screen and manually enter the provider's information.



Step 4:

Check the box if the servicing provider is the same as the requesting provider. This will copy and auto-populate the "Servicing Provider Details" section and eliminate the need to enter the servicing provider information manually.



Step 5:

Select a Priority in the "Event Classification" drop-down menu:

- Routine = Patient needs to be seen within 28 days.
- Urgent = Patient needs to be seen within three business days.
- **Emergent** = Patient needs to be seen within <u>24 hours</u>.

Note: Urgent and emergent priorities require clinical justification information in the required field. There is no need (or availability) to attach documentation.



Step 6:

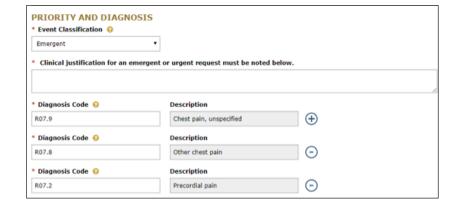
In the same section, enter the diagnosis code (ICD-10) and the description will auto-populate. You can add up to five diagnosis codes.

• To add a diagnosis code: Select the add icon.



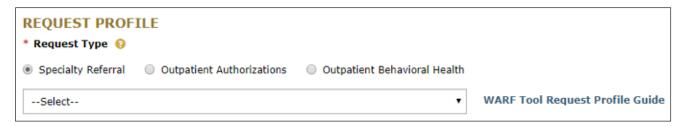
• To remove a diagnosis code: Select the minus icon.





Step 7:

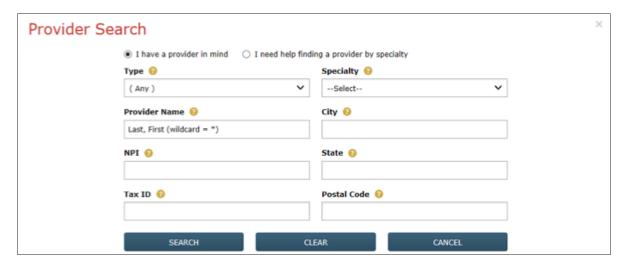
- Select the request type category (Specialty Referral, Outpatient Authorizations or Outpatient Behavioral Health).
- Select the appropriate profile. The WARF Profile Guide shows the CPT® codes included in each profile.



Note: The drop-down list is sorted by the most frequently requested codes. Finding the correct outpatient authorizations profile is very important. (*Upcoming updates*: Look for simplified categories, better profile descriptions and an improved sort order.)

Step 8:

Search for the servicing provider if the requesting provider is **not** the same.



- Select the I have a provider in mind button if you want to search for a servicing provider. The search features work the same as in Step 2 and Step 3.
- You can choose the I need help finding a provider by specialty button and we will automatically select a provider. However, it may not be the closest available, as we automatically select based on value ratings within a 40-mile radius.
- If a provider record is not found when using the search feature: Select Cancel or the X in the upper right-hand corner to return to the previous screen and manually enter the provider's information.

or

Step 9:

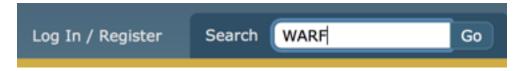
Select the **Submit** button to submit your request to HNFS.



Note: If any information is missing, a message will appear at the top of the page notifying you what required fields are missing.

REMINDER:

To quickly access WARF at www.tricare-west.com, type in "WARF" in the Search box at the top of any page or click here.



End of Guide