

Provider referral and authorization Frequently Asked Questions (FAQ)

Who can submit a referral?

Referrals should be submitted by the beneficiary's Primary Care Manager (PCM). Specialists with an approved referral on file may also submit referrals for treatment pertinent to your episode of care.

Does my beneficiary need a referral?

It depends on who they are and what TRICARE plan they are enrolled in. View [Referral information for TRICARE East providers](#) for more information.

How do I determine beneficiary eligibility?

Provider self-service allows you to verify eligibility and out-of-pocket costs. View [Patient eligibility and out of pocket costs](#) for more information.

How do I know if a service requires a referral?

Provider self-service allows you to complete a code lookup to verify referral criteria for CPT codes. View the [Code look up tutorial](#) for more information.

How does Other Health Insurance (OHI) impact a referral or authorization?

TRICARE is the secondary payer to all health benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service and other programs or plans as identified by the Defense Health Agency (DHA).

If the OHI benefits are exhausted, TRICARE becomes the primary payer, and additional referral/prior authorization requirements may apply. Since OHI status can change at any time, always ask all beneficiaries about OHI, including National Guard and Reserve members and their families. View [Other Health Insurance \(OHI\) and TRICARE](#) for more information.

How do I submit a referral?

For fasted processing time, referrals should be completed via [provider self-service](#). View [Referral and authorization request tutorial](#) or [Submit a referral and authorization change request + adding documentation](#). You can also submit a referral by phone (800) 444-5445 or fax (877) 548-1547.

Why is my referral not showing up in the self-service?

It can take 24-48 hours for a referral to show once you have submitted it. However, this timeframe may be affected if the referral or authorization has missing or incomplete information.

How long is the referral review process?

If **complete and accurate information** is received:

Type of submission	Processing times
Provider self-service	Up to three days
Phone	Up to three days
Fax	Up to three to five days

If there is **missing or incomplete** information, requests will be sent back for clarification or additional information (clinical). Once all information is received, it may take five days to review and provide an outcome.

What should I do if my beneficiary needs to be seen today?

If your beneficiary requires treatment within the next 24-48 hours, you may submit an expedited referral through provider self-service. You may also call us at (800) 444-5445.

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How do I check the status of a referral or authorization?

See all of the details of your existing referrals through [provider self-service](#). For the most timely and updated account features, log in to self-service to enter/confirm your email address. View [Provider self-service tutorial](#) or [Account Registration Video](#) for more information.

My referral has been sent back requesting additional information, what should I do now?

We at Humana Military will contact you to inform you of what is needed:

- Additional information requests for referrals submitted through provider self-service can be reviewed under the notes section of the referral.
- If your referral was submitted via phone or fax and you do not have a provider self-service account, a fax will be sent detailing the information needed.

*Please ensure we have all your updated information including phone, fax, address etc. to ensure timely processing.

How do I make updates to my referral or authorization?

Access your self-service account to make updates such as changing the provider, adding more visits, or responding to requests for additional information. View [Submit a referral and authorization change request](#) for more information.