

TRICARE East Region: Beneficiary Referral and Authorization Frequently Asked Questions (FAQ)

How can I view my referral/authorization and check status?

Visit [beneficiary self-service](#) or [mobile app](#) to view referral/authorizations.

(Tutorial: [Registering for self-service](#) / Tutorial: [Check your referral status](#)).

How long does it take a referral/authorization to appear in self-service?

Following receipt, allow up to three business days for a referral, and up to five business days for an authorization.

Who should I contact if my referral/authorization is not showing?

Contact the referring provider to confirm request has been submitted.

What if I need to be seen today (urgent care center)?

TRICARE Prime non-active duty **do not** require a referral to seek care at any TRICARE-authorized network or non-network urgent care center.

How do I get a referral?

TRICARE Prime enrollees will need to contact their assigned Primary Care Manager (PCM) for a referral to avoid point of service charges.

TRICARE Select and Continued Health Care Benefit Program (CHCBP) enrollees do not require a referral. However, authorizations may be required for services outside of a physician's office.

How do I find out if I need a referral?

Whether or not you need a referral depends on who you are and what TRICARE plan you are enrolled in.

See detailed information at [Do I need a referral?](#)

What is the difference between a referral and prior authorization?

Referral – is when your PCM sends you to another provider for care. If you have TRICARE Prime and see a provider other than your PCM for nonemergency care without a referral, you will pay more. Certain benefits, such as the Autism Care Demonstration (ACD), require a referral and continued authorizations.

Prior authorization – is a review of a requested healthcare service done by Humana Military to see if the care will be covered by TRICARE. Check for services that need pre-authorization at [TRICARE.mil](#).

Why was I sent to the military hospital or clinic for care?

If the beneficiary resides within a military hospital's catchment area (40-mile radius), the services requested may be subject to redirection through the [TRICARE Right of First Refusal \(ROFR\)](#) process.

How do I file an appeal?

Appeals must be filed with Humana Military within particular deadlines. Prior authorization denial appeals may be either expedited or non-expedited, depending on the urgency of the situation. Find more at [File an appeal](#).

Are prior authorizations or referrals required if I have Other Health Insurance (OHI)?

No. 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). (Additional OHI exceptions can be viewed at [TRICARE and Other Health Insurance \(OHI\)](#)).

How can I update my referral or prior authorization?

Visit [HumanaMilitary.com/beneficiary](#) to use our quick and easy chat and secure messaging features to request a change or update.



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Do I need a referral to see a mental health therapist? (Non-emergency mental healthcare)

No. A prior authorization is required for psychoanalysis and Substance Use Disorder (SUD) care.

If you choose a provider outside the network, you may pay higher costs.

Note: If you are an Active Duty Service Member (ADSM) seeking care in the TRICARE network, you must get a referral and pre-authorization. (Additional information available: [\(Getting Mental Health Care\)](#)).

What is the difference between a TRICARE-authorized / network / non-network providers?

TRICARE-authorized provider is approved by TRICARE to give healthcare services to beneficiaries. A provider must be TRICARE-authorized for TRICARE to pay any part of your claim.

Network provider has agreed to accept the contracted rate as payment in full for covered healthcare services and files claims for you.

Non-network provider doesn't have an agreement with TRICARE and may not file claims for you. There are two types of non-network providers: participating and nonparticipating.

(Additional information available: [TRICARE Choices in the United States](#)).

What is the referral/authorization process for Applied Behavior Analysis (ABA)/ACD services?

See [Autism Center of Excellence](#).

