TRICARE East Region: Beneficiary Referral and Authorization FAQ

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

Visit <u>beneficiary self-service</u> or <u>mobile app</u> to view referral/ authorizations.

Log in to <u>beneficiary self-service</u> to select your preference for receiving notifications by mail, email, or SMS text messaging.

(Tutorial: <u>Registering for self-service</u> / Tutorial: <u>Check your referral status</u>).

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

Following receipt, allow up to two 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 the request has been submitted.

Do I need a referral to be seen today or to use an 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 PCM for a referral to avoid point-of-service charges.

TRICARE Select and 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 pre-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 ACD, require a referral and continued authorizations.

Pre-authorization – is a review of a requested health care service done by TRICARE East to see if the care will be covered by TRICARE.

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

If the beneficairy resides within a 60-minute drive time from a military hospital or military clinic, the services requested may be subject to redirection to a military treatment location based on the military care location's available capabilities through the military hospital and clinic optimization process.

How do I file an appeal?

Appeals must be filed with TRICARE East within particular deadlines. Pre-authorization denial appeals may be either expedited or non-expedited, depending on the urgency of the situation. Find more at <u>File an appeal</u>.

Are pre-authorizations or referrals required if I have 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 DHA.

How can I update my referral or pre-authorization?

Log in to <u>beneficiary self-service</u> to use secure chat and messaging tools to request a change of update.



EAST REGION

TRICARE East Region: Beneficiary Referral and Authorization FAQ

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

No. However, a pre-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 health care 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 health care 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.

What is the referral/authorization process for ABA/ACD services?

See Autism Center of Excellence.

