

TRICARE[®] West Region Referral/Authorization Waiver Approval Letter

Dear Health Care Provider:

This letter serves as approval for TRICARE Prime patients to seek outpatient TRICARE-covered services that otherwise would require approval from Health Net Federal Services, LLC (HNFS).

On Feb. 20, 2018, the Defense Health Agency implemented a temporary waiver of outpatient referral and authorization requirements for eligible TRICARE West Region beneficiaries enrolled in a TRICARE Prime plan. Effective March 16, 2018, the Prime Referral/Authorization Waiver has been extended.

- Waiver Details:** Referrals issued by a military or civilian primary care manager (PCM) or other TRICARE-authorized provider do not require separate approval from HNFS during the waiver period. Outpatient TRICARE-covered procedures, services, and equipment ordered or initiated during the waiver period do not require separate approval from HNFS.
- Effective Dates:** Referrals and orders for services issued to TRICARE Prime beneficiaries Jan. 1, 2018 through March 31, 2018, are valid for services rendered through June 30, 2018.
- Included Services:** TRICARE-covered office visits and outpatient procedures/services/equipment that otherwise require HNFS approval, when a PCM or other TRICARE-authorized provider issued the referral between Jan 1, 2018 and March 31, 2018.
- Authorized Provider:** Any TRICARE-authorized provider. Network and non-network provider directories are available at www.tricare-west.com.
- Exceptions:** Inpatient care, and applied behavior analysis (ABA), laboratory developed test (LDT) and Extended Care Health Option (ECHO) services require authorization during this waiver period.
- Limitations:** This waiver only applies to TRICARE-covered services. Please reference "Benefits A-Z" and the "Prior Authorization, Referral and Benefit" tool at www.tricare-west.com.
- After Waiver Ends:** NEW referrals and orders issued on or after March 31, 2018 must follow TRICARE referral and authorization requirements. Point of Service charges and authorization penalties may apply if an HNFS approval is not obtained.

Documentation (for your records only, not required for claim submission):

- A written referral or order for covered procedures, services or equipment from the beneficiary's provider dated between Jan. 1, 2018 and March 31, 2018
- A copy of this TRICARE West Region Referral/Authorization Waiver Approval Letter

This TRICARE West Region Referral/Authorization Waiver Approval Letter is your verification of approval.

Sincerely,

Health Net Federal Services