



# Authorization Status Tool

Check status and view/print determination letters

Health Net Federal Services, LLC (HNFS) offers providers an easy way to view authorization details with our secure, online Authorization Status tool.

This tool is for providers registered at [www.tricare-west.com](http://www.tricare-west.com).

### Key features:

- Check referral and authorization status.
- Print determination letters.

### Providers:

- Use the Authorization Status tool whether you submit requests through CareAffiliate® or our Web Authorization/Referral Form (WARF).
- We automatically fax authorization letters to the referring and servicing providers.

### Step 1:

Go to the provider portal at [www.tricare-west.com](http://www.tricare-west.com). Under the Secure Tools section, select “Authorization Status.” If you are not already logged in, you will be directed to do so.

The screenshot shows the TRICARE West for Providers website. The top navigation bar includes links for HOME, AUTHORIZATIONS, CLAIMS, BENEFITS & COPAYS, and RESOURCES. The main content area is titled "TRICARE West for Providers" and features a "WEBSITE REGISTRATION" button. A "Secure Tools Available" section lists various tools, with "Authorization Status" circled in red. Other sections include "Public Tools", "Take Me To...", "Reimbursement", and "Education".

## Step 2:

Search by Social Security number (SSN) or Department of Defense Benefits Number (DBN) and enter in the required information. You may search for a date range or an exact authorization number. Then click "Search."

**Check Authorization and Referral Status**

\* = Required Field

Search for patient by :

SSN Option  DBN Option

\* Sponsor SSN  
XXXX-XX-1234

\* Patient First Name: John  
\* Patient Last Name: Doe

\* Patient Date of Birth: 01/02/1960

\* Search for authorization by

Show dates of service for the last 6 months

Date of Service Range

MM / DD / YYYY --&-- MM / DD / YYYY

Authorization Number

SEARCH RESET

## Step 3:

Once you locate the authorization you'd like to view, click on the authorization number to view details.

**Check Authorization and Referral Status** [Back](#)

\* Sponsor SSN: XXXX-XX-1234  
\* Patient Name: John Doe  
\* Patient Date of Birth: 01/02/1960  
\* Patient DBN: 12345678909

SHOW ME ALL AUTHORIZATIONS AND REFERRALS FOR THIS NUMBER 0030-191213-07941

Search all Columns Show 20 entries Dates of Service

Authorization	Dates of Service	Place of Service	Servicing Provider	Provider Specialty	Decision Description	Claims Link
<a href="#">01234-567890-09876</a>	12/13/2019 - 09/08/2020	Outpatient	Clarion Optometry Group	Optometrist	Approved	<a href="#">View claims for this authorization</a>

Showing 1 to 1 of 1 entries

**PROCESSING TIMELINES**

Routine prior authorization and referral requests are processed within 2-5 business days of receiving the request from the provider. Urgent requests are processed in an expedited manner for care that needs to be delivered within 72 hours.

**Please Note:** Diagnosis-related fields in the detailed results page may be blank. The "View claims for this authorization" link may not show all related claims for this service. For a complete claims summary, please use the Check Claims Status tool.

BACK PRINT

## Step 4:

The details page will show you the authorization status (approved, pending/pending, canceled or denied). This page will also give you an option to view the authorization letter. Click on "View authorization letter" to view and/or print the determination letter from HNFS. The option to view or print an authorization letter will only exist if one has been generated.

**CHECK AUTHORIZATION AND REFERRAL STATUS**

Authorization 1234-567890-09876	Requesting Provider Name NH TWENTYNINE PALMS
Authorization Status Approved	Provider Phone (123) 123-4567
Decision Approved	Servicing Provider Name CLARION OPTOMETRY GROUP
UIN 1234-567890-09876	Servicing Provider NPI 12345678909
Patient Name John Doe	Provider Phone (123) 123-4567
Patient DBN 12345678909	Servicing Facility
Patient DOB 01/02/1960	Provider Address 123 Any City, Town, CA 92284-7911
Primary Diagnosis Code Z01.00	FAX (760) 369-2020
Secondary Diagnosis Code	Primary Diagnosis / Description Encounter for examination of eyes and vision without abnormal findings
Plan TRICARE Prime-Retired Sponsors and Family Members	Secondary Diagnosis / Description
Sponsor Name John Doe	Specialty Optometrist
Sponsor SSN XXXX-XX-1234	
<a href="#">View authorization letter</a>	
<a href="#">View complete authorization</a>	

End of Guide