



TRICARE WEST REGION REFERRAL WAIVER APPROVAL LETTER

Dear Provider,

This letter serves as approval for TRICARE Prime patients to seek outpatient TRICARE-covered services that would otherwise require approval from TriWest Healthcare Alliance (TriWest), including those referrals submitted to TriWest on or after January 1, 2025.

On January 23, 2025, the Defense Health Agency implemented a temporary waiver of outpatient referral requirements for eligible TRICARE West Region beneficiaries enrolled in a TRICARE Prime plan.

WAIVER DETAILS	Referrals from military or civilian primary care manager (PCM) or other TRICARE-authorized provider do not require separate approval from TriWest during the waiver period. Outpatient TRICARE-covered procedures, services, and equipment ordered or initiated during the waiver period do not require separate approval from TriWest. Beneficiaries are encouraged to take their PCM referral with them to their specialty appointment.
EFFECTIVE DATES	Referrals and orders for service issued to TRICARE Prime beneficiaries January 1, 2025, through March 31, 2025, are valid for services rendered through June 30, 2025.
INCLUDED SERVICES	TRICARE-covered office visits and outpatient procedures/services/equipment that otherwise require TriWest approval, when a PCM or other TRICARE-authorized provider issued the referral between January 1 and March 31, 2025.
AUTHORIZED PROVIDER	Any TRICARE-authorized provider. Network and non-network provider directories are available at https://tricare.triwest.com under "Find a Provider."
EXCEPTIONS	Inpatient care, applied behavior analysis (ABA)/Autism Care Demonstration (ACD) services, laboratory developed test (LDT), Extended Care Health Option (ECHO) services and other services that require pre-authorization.
LIMITATIONS	This waiver only applies to TRICARE-covered services. Refer to "Is a Referral/Auth Required?" on Availity in the TRICARE West payer space under Applications to search specific services that may require pre-authorization.
AFTER WAIVER ENDS	Referrals and orders issued after March 31, 2025, must follow TRICARE referral and authorization requirements. Point of service charges and authorization penalties may apply if TriWest approval is not obtained.
CLAIMS DOCUMENTATION	A copy of this TRICARE West Region Referral Waiver Approval Letter is not required with a claim submission.

NOTE: This TRICARE West Region Referral Waiver Approval Letter is your verification of approval.

Sincerely,

TriWest Healthcare Alliance