

West Region Benefit Lookup Tool

A new resource to help make your life easier when caring for TRICARE beneficiaries is coming soon to the secure provider portal at www.triwest.com/provider. Known as the *West Region Benefit Lookup Tool*, it will allow registered users to query:

- Whether a service is a covered benefit
- Whether the service requires a referral or an authorization
- Whether the service needs medical review

Users will enter codes (CPT, HCPCS) and additional information, e.g., code type, plan, ICD9, date of service, age, and gender.

The tool will display benefit exceptions, if applicable, based on search criteria. Self-help documents will be accessible from the tool (similar to other help documents on the secure provider portal) to assist providers in executing searches and interpreting the results.

Below is a screenshot of the West Region Benefit Tool home page:

West Region Benefit Lookup Tool

FAQs	User Guide	Plan Code Guide
Prior Authorization List	Provider Handbook	Drug Prior Authorization

Procedure Code:
ICD9:

Plan:
Age:

Date of Service:
Gender: Male Female

* Required

TRICARE benefits may frequently change without notice or retroactively. The West Region Lookup Tool is updated based on information received from TRICARE Management Activity and results are dependent upon user input. TRICARE coverage is not guaranteed based on the results of a query to the West Region Lookup Tool.

For technical problems with the [West Region Benefit Lookup Tool](#)

CPT® is a trademark of the American Medical Association.



TriWest Healthcare Alliance provides access to quality health care for 2.7 million members of America's military family in the 21-state TRICARE West Region.

Benefit Lookup Tool (cont.)

Here is a sample of the results you will receive after entering the necessary information:

Benefit Details	
Procedure Code:	99241
Plan:	Prime
Date of Service:	9/23/2009
ICD9:	
Age:	35
Gender:	M
Code Type:	CPT4
Code:	99241 - office consultation
Description:	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
Authorization Status:	
TRICARE Covered Benefit.	
Referral required by PCM/Specialist. No Referral = Point of Service Charges.	
Remarks:	
No Remarks Available	
9/3/2009 2:25:51 PM Arizona Standard Time	
<input type="button" value="Print"/> <input type="button" value="Close"/>	

If you're not registered yet, please go to www.triwest.com/provider, click on the "Register Today!" icon and follow the easy instructions. Once you're registered, you can:

- Verify patient eligibility
- Submit referrals/authorizations online
- Check status of referrals/authorizations
- Submit claims online
- View claims and check claim status
- Download Explanations of Benefits



TriWest Healthcare Alliance provides access to quality health care for 2.7 million members of America's military family in the 21-state TRICARE West Region.