



Referral Guidebook

Colorado Military Treatment Facilities

Integrated Referral Management Appointing Center (IRMAC)

June 2026





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Key Terms/Definitions



- **2nd Opinion:** Request for a different opinion about your diagnosis or treatment options; Allows for evaluation from a second provider, only to review plan of care, not undergo treatment
- **Authorization:** Approval document for a referral which identifies the details (specialty, services/procedures, # visits, office/provider sent to, contact for provider/office, etc.) of the referral
- **Colorado Military Treatment Facilities:** The military hospitals and clinics in Colorado which collaborate to maximize the services available to patients. Every attempt is made to navigate patients to a military hospital or clinic provider first if there is capability and access to care that meets the needs of the patient.
- **Continuity of Care:** 6 months from the end of a referral authorization/treatment
- **CPT/Procedure Codes:** Specific type of procedure (i.e. evaluation and treatment of nerve damage to neck) indicated on a referral which guides what the off-base provider is allowed to bill TRICARE for
- **Difference Between Referral On-Base versus Network:** Referrals for specialty care are either determined to be able to be treated within a military hospital/clinic (on-base) or to a provider in the local community (Network) which requires navigation by the TRICARE managed care support contractor (TriWest)



Key Terms/Definitions



- **MHS Genesis Patient Portal Messages:** Message locations that patients can utilize to communicate referral issues, questions, and concerns
 - DHA Colorado MHS Central Referral Management Messaging, USAF Academy Referral Management, USAF Peterson Referral Management, USAF Buckley Referral Management, USA Ft Carson Referral Management
- **Out of Area:** Care requests that are outside of 100 miles from the patient's enrolled MTF; May require MTF travel approval and TRICARE medical necessity review to determine if care capabilities are available within your local area
- **Patient Appointing Services (PAS):** Appointment line which conducts calls to patients in order to book first specialty appointment for a referral retained at a military hospital or clinic
- **Point of Service (POS) Option:** Allows patients to pay out of pocket for services obtained directly in the network but often comes with large costs near full prices for services
- **Referral:** Decision by PCM or MTF provider to request additional care evaluation or treatment by a specialty service/provider
- **TRICARE-West Beneficiary Portal:** Online portal requiring registered logon to access TRICARE benefits status to include authorizations for referrals
- **TriWest:** TRICARE managed care support contractor who administers the health care benefit for TRICARE beneficiaries to include referrals



CO Referral Management Contacts



- Central Referral Center: Available for assistance for all MTFs
 - Phone: 719-524-1000
 - Fax: 630-570-5260
 - MHS Genesis Message Pool: DHA Colorado MHS Central Referral Management Messaging
- EACH Referral Management Center:
 - Phone: 719-524-1000
 - Fax: 630-570-5325
 - MHS Genesis Message Pool: USA Ft Carson Referral Management
- Buckley Referral Management Center:
 - Phone: 720-847-7645
 - MHS Genesis Message Pool: USAF Buckley Referral Management
- Peterson/Schriever Referral Management Center:
 - Phone: 719-524-1000
 - Fax: 630-570-5258
 - MHS Genesis Message Pool: USAF Peterson Referral Management
- USAFA Referral Management Center:
 - Phone: 719-524-1000
 - Fax: 630-570-6360
 - MHS Genesis Message Pool: USAF Academy Referral Management

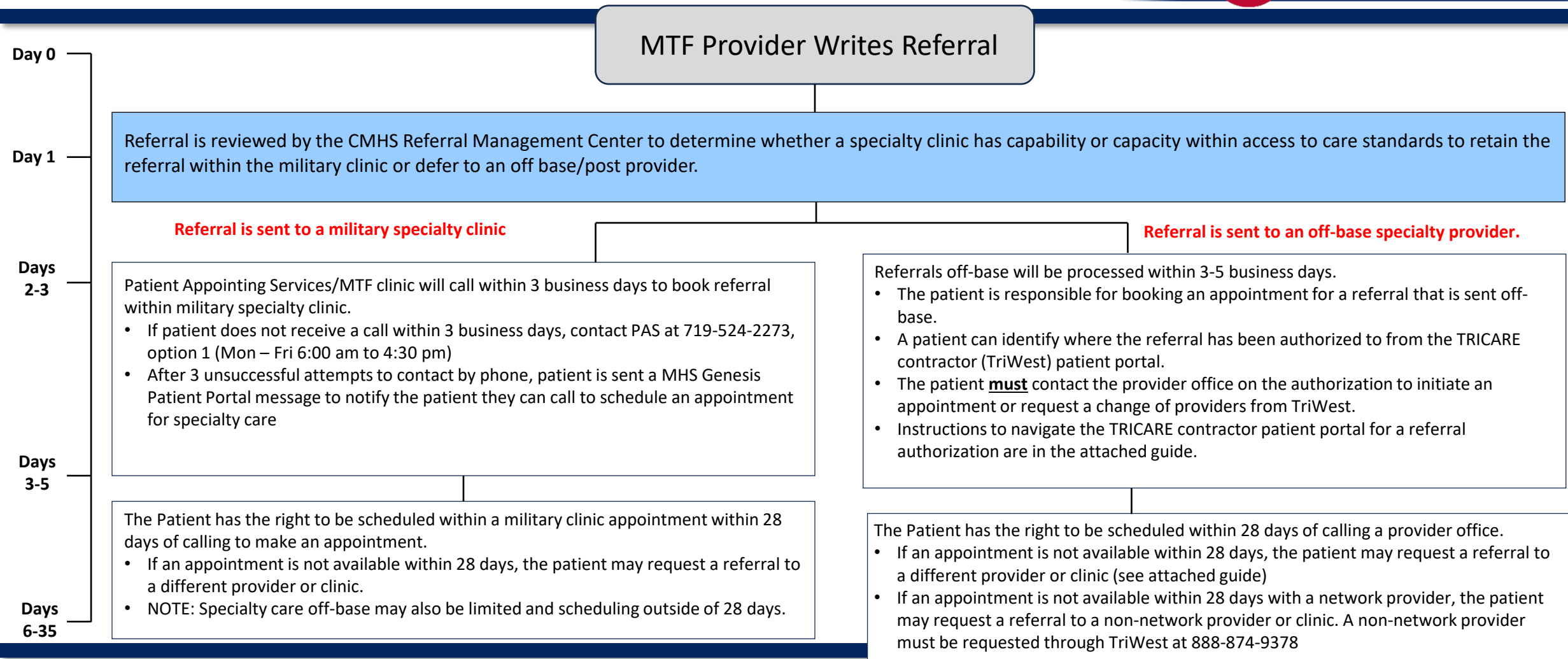


TRICARE TriWest Contacts



- TriWest Help Desk: 888-874-9378
- TriWest Patient Portal Log In: <https://tricare-bene.triwest.com/signin>

How a Referral is Navigated



Referral FAQs - 1



- Q: How do I get access to my authorization?
 - Your referral authorization is only accessible through the TRICARE (TriWest) online portal (<https://tricare-bene.triwest.com/signin>) using a unique login registered with TriWest. Your referral authorization will not be mailed to you unless you are age 65+/Medicare enrolled. Only TRICARE Plus (age 65+/Medicare+military clinic enrollment) patient receive a letter of their referral mailed by the military clinic. These authorizations will be used to navigate (location/phone #) where to book your specialty care appointment or obtain Durable Medical Equipment.
- Q: How many visits am I authorized?
 - The number of visits authorized on a referral can vary but the number of visits is located on the authorization document accessible to you via the TRICARE (TriWest) online portal. See page 13 of guide. Many referrals are written with one evaluation visit and additional visits for treatment. For example: MRIs are diagnostic with one visit authorized; Referrals to Neurology may include authorization for one evaluation visit and 4-5 treatment visits.
- Q: When does my authorization expire?
 - Referral authorizations can range from 30-365 days. The service period is listed directly on the authorization document. See page 18 of guide for end date example. When this referral authorization expires, a new referral will be required from the MTF ordering provider.



Referral FAQs - 2



- Q: Can I request an off-base referral for specialty care?
 - TRICARE Prime patients enrolled to a military treatment facility will be offered specialty care within an MTF if there is availability within access to care standards, as required under the TRICARE Prime benefit. Each referral is reviewed for capability and continuity of care. If a history of care does not exist within the previous 6 months, continuity of care is not established and the patient will be directed to the MTF. Patients may choose the Point of Service (POS) option to choose a medical specialty in the civilian network, but will pay extensive out of pocket costs. More information can be found at <https://www.tricare.mil/pointofservice>.
- Q: My referral was captured by the MTF (military hospital/clinic). How does it get released?
 - Referrals will not be released by the MTF if access to care and capability are available. The referrals have been reviewed by the CO Central Referral Center for capability and continuity. It is recommended that patients go to their first appointment with a specialist in the MTF and discuss care options with the provider. Patients may choose the Point of Service option, as described above.



Referral FAQs - 3



- Q: How long does it take for the referral to be processed?
 - Referrals kept within a MTF are processed within 1-2 business days, with initial scheduling contact beginning at 2-3 business days from referral placement. Referrals deferred to the off-base network are processed within 3-5 business days. The patient may not be contacted by the off-base provider; the patient should check their <https://tricare-bene.triwest.com/signin> patient portal after 3 business days if not contacted by the MTF, to find their authorization and begin scheduling with a network specialist.
- Q: How do I activate my referral?
 - Patients do not need to activate a referral. If the patient is not contacted by the MTF PAS, they should follow up on their care by checking <https://tricare-bene.triwest.com/signin> after 3-5 business days. The patient must schedule if the referral is deferred to an off-base provider.
- Q: Where can I call to get more help with my referral?
 - If the referral has been deferred to an off-base provider, it is recommended that the patient contact TriWest for further assistance at 1-888-874-9378. If the referral has been retained within a MTF, contact CO Referral Management via MHS Genesis Patient Portal messaging (reference page 4).



Referral FAQs - 4



- Q: Can the MTF fax my referral to the provider?
 - Referrals for TRICARE Prime patients are provided by TriWest to the civilian network provider who the referral has been assigned via the Availity system. The civilian network provider can look for the patient's referral authorization within Availity. If the patient is not getting adequate assistance or has continued problems with the receipt of the referral by the civilian network provider, contact CO Referral Management via MHS Genesis Patient Portal messaging (reference page 4).
- Q: If the civilian network provider needs codes (CPT/procedures) added or changed, who do I contact?
 - The MTF cannot adjust codes generated on a referral authorization. The civilian network provider must reach out to TriWest directly at 1-888-874-9378 or through the Availity system to request the addition or change of referrals codes. If the patient is not getting adequate assistance or has continued problems with the receipt of the referral by the civilian network provider, contact CO Referral Management via MHS Genesis Patient Portal messaging (reference page 4).



Referral FAQs - 5



- Q: How do I get a second opinion?
 - The original ordering provider/PCM can place a second opinion referral. If more than one provider is available within a MTF specialty clinic, the referral may be assigned back to the MTF for scheduling with a DIFFERENT provider within the MTF or deferred to a civilian network provider.
- Q: Can I change my off-base referral to a different provider?
 - Off-base referrals can be changed to a different provider directly by the patient if the visits on a referral authorization have not been utilized. The patient can select a new civilian network provider by calling TriWest directly at 1-888-874-9378.



TRICARE West - Main Page



The website location for accessing referral authorization is through TriWest portal:
<https://tricare.triwest.com/en/beneficiary/>

TRICARE

Log In

Beneficiary Log In

Provider Log In

Government Log In

Beneficiary

Provider

Government

Find a

TRICARE West Region > Beneficiary

Chat With Us

Customer service representatives are available via chat in the beneficiary portal Monday-Friday from 8 a.m. to 6 p.m. in your local time zone.

Beneficiary Portal



Beneficiary Portal/Secure Login Page



Beneficiary Portal Log In

There are two ways to log in to the secure beneficiary self-service portal.

1. The primary login method is DS Logon. If you do not have a DS Logon and are not eligible for one, please use the secondary option.
2. The second option is to self-register using the personal email address you have on file with DEERS.

Continue with DS Logon	Log In or Register with DEERS Email
Get immediate access with DS Logon or by using your CAC. Set up two-factor authentication to keep your data even more secure. Please note: If you've already set up a West Region account using your DEERS email address, you'll need to confirm your information on the portal again when switching to DS Logon. Continue with DS Logon	Use the personal email address you have on file with the Defense Enrollment Eligibility Reporting System (DEERS) to log in. If you do not have an email on file in DEERS, you'll need to make that update prior to logging in. Verify or Update DEERS Log In Sign Up as a New User

If a log in is established, select Continue.

If a log in has not been established, select Sign Up As New User



Beneficiary Portal/Secure Login Page



DS Logon



Login

[Forgot Username?](#) [Forgot Password?](#)

After registering for a secure access to the patient portal, the patient will Log in to access their patient dashboard.



Beneficiary Portal



**WEST REGION**

Viewing information for: Logged in as Notifications

[My Dashboard](#) [Eligibility / Enrollment](#) [Find a Provider](#) [Manage My Care](#) [My Recent Claims](#) [Education Resources](#)

 A system issue has caused some claims to be processed as non-network. Impacted claims are being reprocessed, and an updated Explanation of Benefits (EOB) will be issued if needed. Your copayment, deductible, or catastrophic cap might be impacted. Verify the amount you owed in the "patient responsibility" section of the EOB. If you paid more than this amount to your provider, contact your provider to request a refund of the overpayment. Learn more: [TRICARE How-To: Filing Claims and Reimbursements](#) > [TRICARE Newsroom](#) > [TRICARE News](#).

TRICARE West Region Latest News & Updates



Update Your Communication Preferences

To update your communication preferences, click the down arrow next to "Logged in as" in the upper right corner. Then click "Profile." Click "Open" on the right side of the Communications box.

All communication preferences default to portal notification. You can change them to portal notification only, email, paper mail, or text message. Your email notifications will go to the personal email you have on file with DEERS and you used to register. When choosing text, you must opt in to the Text Message Authorization at the bottom of the screen and enter a phone number.

Be sure to click "Save" to save your preferences.

Notification Center

 **Enrollment** 03/25/2026, 10:18:25 AM MDT
Your payment was due on 02/28/2026, 12:00:00 AM MDT. Please click the link below to view details.
[View Notification](#)

 **Claims/Explanation of Benefits** 03/07/2026, 8:09:52 AM MDT
Claim Settled
[View Claim Detail](#)

 **Claims/Explanation of Benefits** 03/07/2026, 8:09:52 AM MDT
Claim Settled
[View Claim Detail](#)

 **Claims/Explanation of Benefits** 03/06/2026, 8:21:39 AM MDT
Claim Settled
[View Claim Detail](#)

 **Enrollment - Payment Made** 03/03/2026, 12:00:00 AM MDT
A payment was recently made. Please allow 3 business days for your payment to process.
[View Enrollment Fees / Premiums](#)

After logging in, the patient will see their My Dashboard.

7/8/2026

"Medically Ready Force...Ready Medical Force"

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Beneficiary Portal



The patient will access referral authorizations by scrolling down on My Dashboard to the Referrals/Authorizations section.

Referrals / Authorizations				
REFERRAL	REQUEST TYPE Transition HNFS Request	REQUESTING PROVIDER	STATUS Approved ●	DATE RECEIVED 1/27/2025
REFERRAL	REQUEST TYPE Transition HNFS Request	REQUESTING PROVIDER	STATUS Approved ●	DATE RECEIVED 1/26/2025
REFERRAL	REQUEST TYPE Transition HNFS Request	REQUESTING PROVIDER	STATUS Approved ●	DATE RECEIVED 1/26/2025
REFERRAL	REQUEST TYPE Transition HNFS Request	REQUESTING PROVIDER	STATUS Approved ●	DATE RECEIVED 1/22/2025
VIEW ALL REFERRALS >				

To select an individual referral, select a referral number hyperlink (not shown) that will show under REFERRAL or select VIEW ALL REFERRALS.



Beneficiary Portal

My Referral Authorization



Within an individual referral, the patient will see the reference number, service dates, and servicing provider.

[My Dashboard](#)[Eligibility / Enrollment](#)[Find a Provider](#)[Manage My Care](#)[My Recent Claims](#)[Education Resources](#)[Chat With Us](#)

Home > My Referrals/Authorizations > **Details**

My Referrals/Authorizations Details 0009118573

REFERENCE # 000[REDACTED]	REQUEST TYPE Physical Therapy PT	PRIORITY Routine	DATE RECEIVED 12/18/2025
REQUESTING PROVIDER ACH EVANS-CARSON	MTF UIN 000000[REDACTED]	DIAGNOSIS Pain in left ankle, joints Lt foot	

Medical Documents >

Service

BEGIN DATE 12/18/2025	END DATE 4/17/2026	STATUS Approved w/Mods	DATE RECEIVED 12/18/2025
CPT/HCPCS 97161: pt eval low complex 20 min	CPT/HCPCS 97163: pt eval high complex 45 min	QTY 1	TYPE CPT



Change Servicing Provider



A patient can change a servicing provider by calling TriWest customer service at 888-874-9378.

[My Dashboard](#)

[Eligibility / Enrollment](#) ▾

[Find a Provider](#) ▾

[Manage My Care](#) ▾

[Claims](#) ▾

[Education Resources](#)

[Home](#) > [My Referrals / Authorizations](#) > [Change Servicing Provider Information](#)

Change Servicing Provider Information

Why Can't I Change My Servicing Provider?

There are several reasons why you may be unable to change your servicing provider through our website.

If you don't see the "Find a different Provider" button, it could be due to one of the reasons below.

- Your authorization is expired.
- The provider you are trying to change is the one who is listed on the authorization.
- The authorization came from your previous (2024) regional contractor.
- The authorization status is "in progress."

If you have checked all of the items above and are still having issues, please call TRIWEST Customer Service at 1-888-TRIWEST (874-9378).