Secondary Authorization Request Process
Quick Reference Guide

Key Points:
- A provider who determines that additional or continued care is needed should access the Secondary Authorization Request (SAR) Decision Tool at www.triwest.com/provider-SAR to determine whether a SAR is necessary.
- If a SAR is necessary, providers should follow the decision tool’s directions (and the process outlined below) to submit a SAR to TriWest.
- TriWest will then submit the SAR to the appropriate Veterans Affairs Medical Center (VAMC) for review, if needed.
- Providers may check the status of their SAR through their secure account on the TriWest Provider Portal at www.triwest.com/provider.

Do I Need to Submit a SAR?
- Carefully review the authorization letter and VA documentation you have received. If you are still unsure, please refer to the SAR Decision Support Tool at www.triwest.com/provider-SAR.
- If you have a “Standardized Episode of Care” (SEOC) authorization, be sure to thoroughly review BOTH the Narrative and Code Range sections (not sure if you have a SEOC? Review our SEOC Quick Reference Guide).

Submit a SAR if:
- A Veteran needs additional care from another provider with a different Tax ID Number
- A Veteran needs continued care outside the authorization’s “Valid Dates”—a specified date range in which you’ve been authorized to provide approved services
- A Veteran needs additional office visits beyond what was included in the authorization
- A Veteran needs a second opinion
- A Veteran needs additional services not included on your authorization letter. For SEOCs, this usually means a CPT code was not listed in the Code Range section.

SAR Submission Process:
- Access the SAR Decision Support Tool at www.triwest.com/provider-SAR to determine whether a SAR is necessary
  - This tool does not apply to Alaska providers. For information on the Alaska SAR process, please review the Alaska Process Quick Reference Guide.
- If a SAR is necessary, the request for care should include:
  - SAR Form
Routine, Urgent, Emergent – Determining Your SAR’s Level

VA assesses SARs based on clinical need and priority; this allows Veterans who urgently need care to have their review process escalated. There are three clinical priority levels for a SAR – Routine, Urgent and Emergent.

**ROUTINE:** Any care that is not urgent or emergent is considered routine. NEVER mark your SAR for routine care as urgent or emergent. Please see below to determine if your SAR may be considered urgent or emergent.

**URGENT:** Only mark a SAR as urgent if at least one of the following is true:
- Processing time that lasts more than two days could jeopardize the life or health of the Veteran, or his/her ability to regain maximum function.
- Processing time that lasts more than two days will subject the Veteran to severe pain that cannot be managed without the treatment being requested.

*Do NOT mark urgent for administrative urgency.*

**EMERGENT:** Indicate “emergent” only when a new issue/diagnosis has developed for a Veteran who was already authorized to see you, or a Veteran self-presents for emergency reasons without a prior-authorization (for emergency room visits, please see our Quick Reference Guide on Emergency Care).
- VA determination of emergent care includes loss of limb, loss of life, loss of eyesight and other urgency at this level.
- If the care is emergent, please proceed with the care and submit the SAR immediately, indicating that the care is being rendered emergently.
- Emergent SARs can come in after care is rendered; providers will still get paid. This is an exception to the pre-authorization requirement.