

Please read all instructions below before completing the form.

Please complete this electronic request to the issuer from whom you are seeking authorization.

The fact that services or supplies are pre-certified does not guarantee the payment of any benefit, the availability of coverage, or the amount of eligibility for benefit payments. Unless otherwise agreed in writing between the provider and PCU, reimbursement/payment rates, if any, will be based on state Medicaid rates (Medicare reimbursement rates may apply in some states).

Intended Use:

Use this electronic version of this form to request authorization when an issuer requires prior authorization of a health care service. This secure website does not require the submitter to log in. Prior Authorization must be approved in most instances before the services are provided. Prior Authorization for urgent and emergency services that are provided after business hours, on the weekend, or on holiday may be requested on the next business day. PCU considers providers' business hours Monday through Friday, from 8 a.m. to 6 p.m., Eastern Time.

Do Not Use this Form to: 1) request an appeal; 2) confirm eligibility; 3) verify coverage; 4) request a guarantee of payment; 5) ask whether a service requires prior authorization; or 6) request a referral to an out of network physician, facility or other health care provider.

Additional Information and Instructions

Section I – Requester Information (all fields required):

Requester must include their name, phone number, and a valid email address. Submitters with healthcare organizations must use their organizations email verses using their personal email address. If applicable, please include your phone extension for a PCU representative can reach you if additional information is needed.

Section II – General Information:

Urgent reviews: Request an urgent review for a patient with a life-threatening condition, or for a patient currently hospitalized, or to authorize treatment following stabilization of an emergency condition. You may also request an urgent review to allow treatment of an acute injury or illness if the provider determines that the condition is severe or painful enough to warrant an expedited or urgent review to prevent a serious deterioration of the patient's condition or health. Please contact Point Comfort United at 1-844-210-2010 or rmaclinical@pointcomfort.com for expedited requests.

Extensions: For non-urgent cases, extensions can be authorized one time by PCU for up to 30 calendar days. If extension is requested that exceeds the 30 calendar days, then a new Pre-certification will need to be submitted with additional supporting documentation.

Section III – Patient Information:

Request must include the members ID #, name, and DOB to verify the member.

Section IV – Provider Information:

- If the Requesting Provider or Facility will also be the Service Provider or Facility, enter “Same”.
- If the issuer’s plan requires the patient to have a primary care provider (PCP), enter the PCP’s name and phone number. If the requesting provider is the patient’s PCP, enter “Same”.

Section V – Notes (max 150 characters):

Give a brief narrative of medical necessity in this space, if needed.

Note: *The PCU Clinical team may require more information to process your request. If additional information is needed, you will be notified via the phone number or email address provided on the form.*

Section VI – Attachments:

Clinical documentation indicating medical necessity is required. The uploaded documents should be sent in a PDF form. If you are unable to attach the documents, then documentation should be faxed to **317-659-5862**. The cover sheet must include the Pre- certification ID number that is generated when the form is submitted. *Failure to provide supporting clinical documentation will result in delays in the reviewing of the submitted request.*

Upon Successful Completion of this Form:

- The submitter will receive a conformation email from rmaclinical@pointcomfort.com that includes the Pre- certification ID number for the request.
- PCU will respond to your request within 48-72 hours (except on weekends and holidays).
- Always contact PCU for emergent requests at 1-844-210-2010 or rmaclinical@pointcomfort.com (preferred method)
- You will receive a secure email from rmaclinical@pointcomfort.com that will include a copy of the authorization letter after the Pre-certification has been processed.

Note: *Please check your spam filters/folders for emails sent from rmaclinical@pointcomfort.com.*

If the information that is necessary to make a prior authorization determination is not received within 14 business days of the request receipt date, the request will be closed for inadequate documentation. To ensure timely processing, providers should respond to requests for missing or incomplete information as quickly as possible.

