Point Comfort® Underwriters

A Unified Administrator, LLC Affiliated Company

Treatment Authorization Request (TAR) Submission Guidance

General Guidance

All TARs should be submitted in advance of medical, dental, and mental health treatment except in the case of emergency. Submit a complete description of the signs/symptoms for which the UC needs to seek treatment. If the request is for follow-up services, please provide details of the plan of care and what is to be done during the visit. The more complete the information, the more accurately the request can be adjudicated.

All TARs require a "Date of service" and a "Brief history of complaint". The date of service is the date of the appointment and should be entered as soon as it is known (do not wait until a day to two before the appointment). Each TAR has a 45-day effective period. It the appointment has not yet been scheduled and the TAR has been approved, the appointment must take place within 45 days of the date the TAR was entered.

Referral Dates (MM/DD/YYYY)

Effective From : 3/6/2017
Date of Service :

Effective Through : 4/20/2017
TAR Submission : 3/6/2017

The "Brief history of complaint" field should include, where applicable, signs and symptoms, significant dates (e.g., symptom onset date, date of injury, dates of previous medical evaluations for this condition) details of the injury, medications administered, quarantine/isolation, and all other important details relevant to the condition.

Example:

Brief History of Complaint

Provide information to assist in review of the TAR. This may include:

- Signs/Symptoms of UC - Describe staff observations and/or UC complaints including onset and duration of symptoms.
- Description of request - Specify test, procedures, and/or treatment being requested and who has requested.
- Current treatment - Describe if UC is currently under the care of a medical provider for this issue. Describe any treatment that has been conducted by the UC program.

Please approve office visit for this minor to rule out fracture in right ankle due to pain and swelling caused by an injury. Minor states he hurt his right ankle while playing outside in recreation area with peers yesterday 3/9/17-afternoon. Pain scale: 8 Over-the-counter medication (Ibuprofen & Tylenol) for pain and swelling has been administered with no improvement. With your approval, the UC will be taken to PCP for evaluation. Thank you.

Generate TAR

All TARs have specific required fields. If a required field is not completed before clicking the blue "Generate TAR" button at the bottom of the screen, an error message will display; click "OK", complete the fields highlighted in red, and click the blue "Generate TAR" button again.

Example:

Referral Dates (MM/DD/YYYY)

Effective From : 3/8/2017   Effective Through : 4/22/2017
Date of Service :   TAR Submission : 3/8/2017

Referral Category

Category :Medical - Durable Medical Equipment

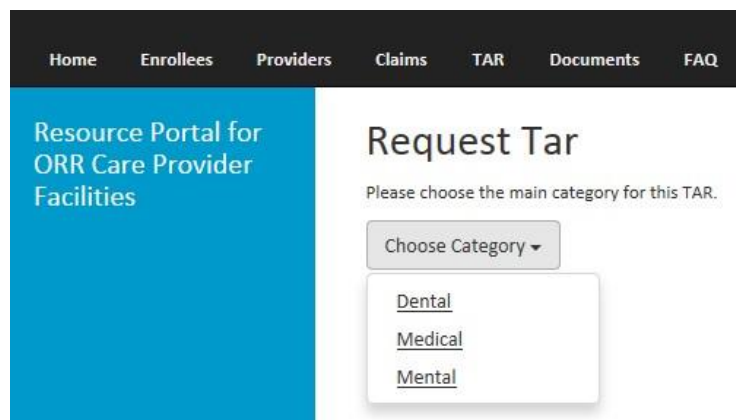Type of Equipment Requested   Expected Cost   CPT/Equipment Code

Brief History of Complaint

Provide information to assist in review of the TAR. This may include:

- **Signs/Symptoms of UC** - Describe staff observations and/or UC complaints including onset and duration of symptoms.
- **Description of request** - Specify test, procedures, and/or treatment being requested and who has requested.
- **Current treatment** - Describe if UC is currently under the care of a medical provider for this issue. Describe any treatment that has been conducted by the UC program.

Referral Category: There are 3 main categories Dental, Medical and Mental. Below is a description of each of the referral categories available for selection when entering TARs. Please choose the appropriate category when submitting a TAR.

| Home | Enrollees | Providers | Claims | TAR | Documents | FAQ |

Resource Portal for ORR Care Provider Facilities

Request Tar

Please choose the main category for this TAR.

Choose Category ▾

Dental
Medical
Mental

Dental Category

After selecting "Dental" as the main category, a list of subcategories will display:

Select the appropriate subcategory based on the following descriptions:

- **Ambulance:** This may be entered after the service is provided as this is to be used for emergencies. Requests for ambulance services must include the date of service, the name of the ambulance company, the name of the hospital/facility that provided care, and a brief history of the complaint (i.e., the reason for the visit including signs/symptoms and if the ambulance service was ground or air transport).

- **ER/Urgent Care:** Requests for ER/Urgent Care must include the date of service, the name of the hospital/facility, tooth number and corresponding ADA code for each affected tooth, and a brief history of the complaint (i.e., the reason for the visit including signs/symptoms).
  - **ER Visit:** This may be entered after the service is provided as this is to be used for dental-related emergencies and urgent care visits. Submit the ER/Urgent Care TAR within 24 hours of the services provided. NOTE: If the child is admitted to the hospital, a separate Hospitalization/Inpatient TAR will be needed upon discharge.
  - **Urgent Care Visit:** If the visit is after-hours or on a weekend/holiday, pre-approval is not necessary; submit the ER/Urgent Care within 24 hours of the services provided.

However, if the child needs to be taken to an urgent care during business hours, preapproval must be obtained by PCU.

To add the tooth number, type the number of the tooth that required care in the "Tooth Number" field and the corresponding ADA code in the "ADA Code" field. If more than one tooth was affected, click on the square green button and enter the second tooth number and ADA code, repeat as necessary. To delete a test and ADA code, click on the red square button next to the test to be deleted.

Referral Category

Category :Dental – ER/Urgent Care

Hospital/Facility Name	Tooth Number and ADA Code
St. Mary's	10
	D2940
	11
	D2940

- **Office & Follow-up Visits (General Dentist):** For all dental requests, other than the Initial Dental Exam, exam with a dental specialist, or an urgent dental appointment. Refer to the ORR Dental Policy in the *Documents* section of the PCU Resource Portal for a list of approved services. Requests for dental services must include the date of service, provider/practice name, ADA code and corresponding tooth number and tooth surfaces (for fillings) for each affected tooth, the date of the last dental service, and a brief history of the complaint (i.e., the reason for the visit including signs/symptoms). Up to 4 dental services may be approved per TAR. Follow up dental services may not be scheduled until 2 weeks after the previous treatment (except in cases of emergency, such as tooth pain or infection). For fillings, resin-based composite fillings will only be approved for anterior teeth 6-11 and 22-27.
    - Select this category for 6 month dental exams and dental age determination (the name of the requesting FFS must be included in the Brief History of Complaint field).

To add the tooth number, type the number of the tooth that required care in the "Tooth Number" field and the corresponding ADA code in the "ADA Code" field. If more than one tooth was affected, click on the square green button and enter the second tooth number and ADA code, repeat as necessary. To delete a test and ADA code, click on the red square button next to the test to be deleted.

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Referral Category

Category :Dental - Office and Follow up
Visits (General Dentist)

Provider/Practice Name	Tooth Number and ADA Code	Date of Last Dental Service
Dr. John Smith	10	02/13/2017
	D2970 [green]	
	11	
	D2970 [red]	

- **Specialty and Follow-up Visit**: For treatment with specialists other than the primary dental care provider. Requests for a specialty and follow-up visit must include the date of service, provider/practice name, the specialty/procedure type, tooth number(s) and ADA code(s), and a brief history of the complaint (i.e., the reason for the visit including signs/symptoms). Specify the specialty/procedure type by selecting the appropriate category from the dropdown:
    - **Endodontist -** A type of dentist who specializes in maintaining teeth through endodontic therapy procedures, involving the soft inner tissue of the teeth, called the pulp.
    - **Oral and Maxillofacial Surgeon -** A type of dentist who specializes in treating many diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral (mouth) and maxillofacial (jaws and face) regions.
    - **Periodontist -** A type of dentist who specializes in the prevention, diagnosis, and treatment of periodontal disease, and in the placement of dental implants.
    - **Prosthodontist -** A type of dentist who specializes in the esthetic restoration and replacement of teeth.
    - **Other -** Any other dental specialty not listed.

To add the tooth number, type the number of the tooth that required care in the "Tooth Number" field and the corresponding ADA code in the "ADA Code" field. If more than one tooth was affected, click on the square green button and enter the second tooth number and ADA code, repeat as necessary. To delete a test and ADA code, click on the red square button next to the test to be deleted.

Referral Category

Category :Dental - Specialty and Follow-up visit

Provider/Practice Name: Dr. John Smith

Specialty/Procedure Types: Endodontist

Tooth Number and ADA Code:
10
D3221
11
D3221

- **Labs/Imaging studies:** For laboratory or x-ray services. Requests for lab tests and x-ray services must include the date of service, provider/practice name, tooth number(s) and ADA code(s), and a brief history of the complaint (i.e., the healthcare provider's rationale for the lab test(s) including signs/symptoms and affected tooth numbers).

  To add a lab test, type the name of the test in the "Test Name" field and the corresponding ADA code in the "ADA code" box. If more than one test was ordered, click on the square green button and enter the second test name and ADA code, repeat as necessary. To delete a test and ADA code, click on the red square button next to the test to be deleted.

Referral Category

Category :Dental - Labs/Imaging Studies

Provider/Practice Name: Dr. John Smith

Test Name and ADA Code:
Bitewings, two films
D0272
Oral/Facial mages
D0350
Pulp vitality test
D0460

- **Initial Dental Exam:** For the initial dental evaluation, cleaning, and x-rays only. Requests for an initial dental exam must include the date of service, length of stay in ORR care, and a brief history of complaints, if any. Initial Dental Exams will only be approved for those expected to be in care longer than 90 days. The Initial Dental Exam will not be approved prior to reaching a minimum of 70 days in care.
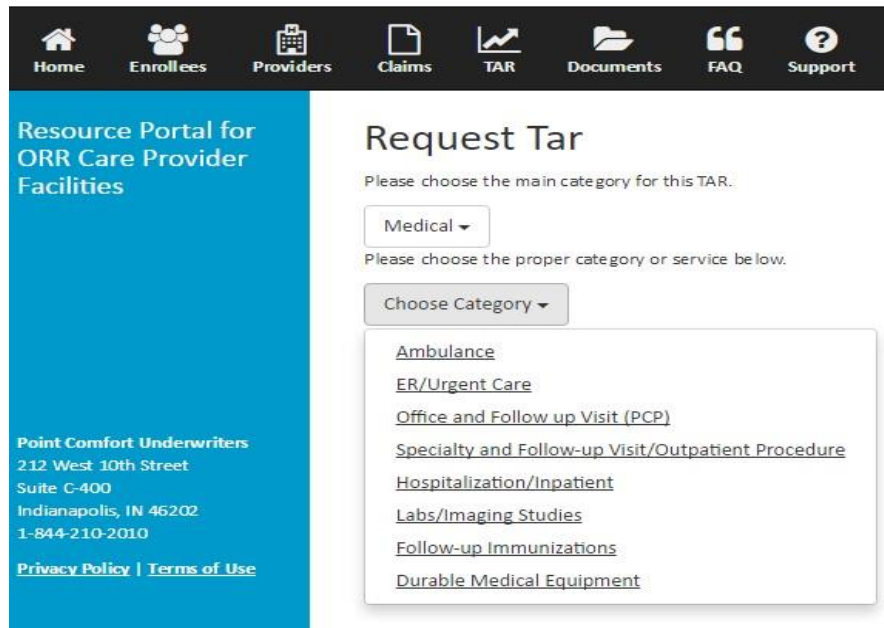
Referral Category

Category :Dental - Initial Dental Exam

Length of Stay in ORR Care

Medical Category

After selecting "Medical" as the main category, a list of subcategories will display:

Home   Enrollees   Providers   Claims   TAR   Documents   FAQ   Support

Resource Portal for ORR Care Provider Facilities

Request Tar

Please choose the main category for this TAR.

Medical ▾

Please choose the proper category or service below.

Choose Category ▾

Ambulance
ER/Urgent Care
Office and Follow up Visit (PCP)
Specialty and Follow-up Visit/Outpatient Procedure
Hospitalization/Inpatient
Labs/Imaging Studies
Follow-up Immunizations
Durable Medical Equipment

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Select the appropriate subcategory based on the following descriptions:

- **Ambulance:** This may be entered after the service is provided as this is to be used for emergencies. Requests for ambulance services must include the date of service, the name of the ambulance company, the name of the hospital/facility that provided care, and a brief history of the complaint (i.e., the reason for the visit including signs/symptoms and if the ambulance service was ground or air transport).

Referral Category

Category :Medical - Ambulance

Name of Ambulance Company

Hospital/Facility Name

- **ER/Urgent Care:** Requests for ER/Urgent Care must include the date of service, the name of the hospital/facility, and a brief history of the complaint (i.e., the reason for the visit including signs/symptoms). NOTE: Select this category for "observation stays"; medical care at a hospital that does not include an overnight stay.
  - **ER Visit:** This may be entered after the service is provided as this is to be used for medical-related emergencies and urgent care visits. Submit the ER/Urgent Care TAR within 24 hours of the services provided. NOTE: If the child is admitted to the hospital, a separate Hospitalization/Inpatient TAR will be needed upon discharge.
  - **Urgent Care Visit:** If the visit is after-hours or on a weekend/holiday, pre-approval is not necessary; submit the ER/Urgent Care within 24 hours of the services provided. However, if the child needs to be taken to an urgent care during business hours, preapproval must be obtained by PCU.

- **Office & Follow up Visit (PCP):** For treatment in the office of a primary care provider, not including the Initial Medical Exam required upon intake into ORR care. Use this category for sick visits and annual well-child checks, if required by State licensing. Requests for office/follow-up visits must include the date of service, the provider/practice name, and a brief history of the complaint (i.e., the reason for the visit including signs/symptoms).

- **Specialty and Follow-up Visit/Outpatient Procedure**: For treatment with specialists other than the primary care provider. Requests for a specialty and follow-up visits/outpatient procedures must include the date of service, provider/practice name, specialty/procedure type, and a brief history of the complaint (i.e., the reason for the visit including signs/symptoms). NOTE: Specialty and Follow-Up Visit/Outpatient procedure TARs should be submitted as soon as the appointment has been made – do not wait to submit the approval until a day or two before the appointment.

Select the Release Category of the minor (1-4). Specify the specialty/procedure type by selecting the appropriate category from the dropdown:

- **Cardiologist:** A physician who specializes in diagnosing and treating diseases or conditions of the heart and blood vessels—the cardiovascular system.
- **Dermatologist:** A physician who specializes in the branch of medicine dealing with the skin, nails, hair and its diseases.
- **ENT/Audiologist:** An **ENT** specialist is physician-trained in the medical and surgical management and treatment of patients with diseases and disorders of the ear, nose, throat (ENT). An **Audiologist** is a health-care professional who evaluates, diagnoses, treats, and manages hearing loss, tinnitus, and balance disorders.
- **Gastroenterologist:** A physician who has specialized training and experience in managing diseases of the gastrointestinal tract – the stomach, intestines, esophagus, liver, pancreas, colon and rectum.
- **Gynecologist:** A physician who specializes in diseases of the female genital tract and women's health.
- **Neurologist:** A physician who specializes in the study and treatment of disorders of the nervous system - headache disorders, seizures, cerebrovascular disease, such as stroke, spinal cord disorders, and speech and language disorders.
- **Obstetrics:** A physician who specializes in pregnancy, childbirth, and a woman's reproductive system.
    - Select this category and specialty type for pregnancy-related visits.
- **Ophthalmologist/Optometrist: An ophthalmologist** is a physician who specializes in the medical and surgical care of the eyes and visual system and in the prevention of eye disease and injury. An **Optometrist** is a physician who examines, diagnoses, treats, and manages diseases and disorders of the visual system, the eye and associated structures as well as diagnoses-related systemic conditions**.**
    - Select this category and specialty type for eye exams because of a failed initial screening.
- **Orthopedist:** A physician that specializes in the treatment of the musculoskeletal system. The musculoskeletal system includes bones, joints, muscles, tendons, ligaments, cartilage, and nerves.
- **Podiatrist:** A physician devoted to the study and medical treatment of disorders of the foot, ankle and lower extremity.
- **Pulmonologist:** A physician who possesses specialized knowledge and skill in the diagnosis and treatment of pulmonary (lung) conditions and diseases.
- **Therapeutic Services -**
    - **Physical therapy:** Treatment to promote the ability to move, reduce pain, restore function, and prevent disability.
    - **Occupational therapy:** A form of therapy for those recuperating from physical illness that encourages rehabilitation through the performance of activities required in daily life.

- **Speech therapy:** Training to help people with speech and language problems to speak more clearly.
  - o **Other:** Any other specialty not listed. Enter the name of the specialist in the free text field that displays.

Referral Category

Category :Medical - Specialty and Follow-up Visit/Outpatient Procedure

Provider/Practice Name	Specialty/Procedure Types	Release Category
	Please Select One	

Please Select One
Cardiologist
Dermatologist
ENT/Audiologist
Gastroenterologist
Gynecologist
Neurologist
Obstetrician
Ophthalmologist/Optometrist
Orthopedist
Podiatrist
Pulmonologist
Therapeutic (e.g., physical therapy, speech therapy, dialysis)
OTHER

Brief History of Complaint

Provide information to assist in review of the TAR. T

- Signs/Symptoms of UC - Describe staff o ... ms.
- Description of request - Specify test, pro
- Current treatment - Describe if UC is cur ... atment that has been conducted by the UC program.

- **Hospitalization/Inpatient:** For hospital admission for medical needs. The Hospitalization/Inpatient TAR should be submitted upon discharge from the hospital. Requests for Hospitalization/Inpatient TARs must include the date of service (admission date), the name of the hospital/facility, the dates of hospitalization (admission date and discharge date), and a brief history of the complaint (i.e., the reason for the inpatient admission including signs/symptoms). In addition, if the child was admitted to the ICU (Intensive Care Unit) or CCU critical care unit (a special department of a hospital or health care facility that provides intensive treatment medicine) at any time during his/her admission and/or underwent surgery, select "Yes" for the appropriate question; otherwise. Select "No. **NOTE**: Hospitalizations should be entered into the UAC Portal within 24 hours of admission; do not wait until discharge to enter the report.

  Enter the date admitted and date discharged

Referral Category

Category :Medical - Hospitalization/Inpatient

Hospital/Facility Name	Dates of Hospitalization	Was child in the intensive care unit (ICU)?	Did/will child undergo surgery?
	Admission Date	○ Yes ○ No	○ Yes ○ No
	Discharge Da		

- **Labs/Imaging studies:** For laboratory and x-ray services. Requests for lab tests and x-ray services must include the date of service, provider/practice name, test name (s) and CPT code(s), and a brief history of the complaint (i.e., the healthcare provider's rationale for ordering the lab test(s) including signs/symptoms and description of injury, if relevant).
    - Select this category for age determination tests that include wrist x-ray. The request must have the name of the FFS listed and which wrist will be x-rayed
    - Select this category for STD testing, blood draws, x-rays.
    - If MRI or CT scans are requested, please send clinical notes to clinical@pointcomfort.com for further review.
    - CPT codes are optional at this time. - Please be certain that you are using the correct CPT code if one is to be listed. If the CPT code is wrong, then TAR will be denied. .
    - Select this category for any injections (that are not routine immunizations) given for a diagnosis, i.e. Rocephin injection for a positive STD. The TAR may be submitted after the injection has been given. Please remember to include the correct date of service.

To add a lab test, type the name of the test in the "Test Name" field and the corresponding CPT code in the "CPT Code" box. If more than one test was ordered, click on the square green button and enter the second test name and CPT code, repeat as necessary. To delete a test and CPT code, click on the red square button next to the test to be deleted.

- **Follow up Immunizations:** For second or third round immunization requests or immunizations not given at time of the initial exam. Requests must include the date of service, provider/practice name, and a brief history of complaint (if no complaint, enter the reason for the visit such as "Second round of immunizations").   Include the date the last dose was given for each immunization, where applicable.
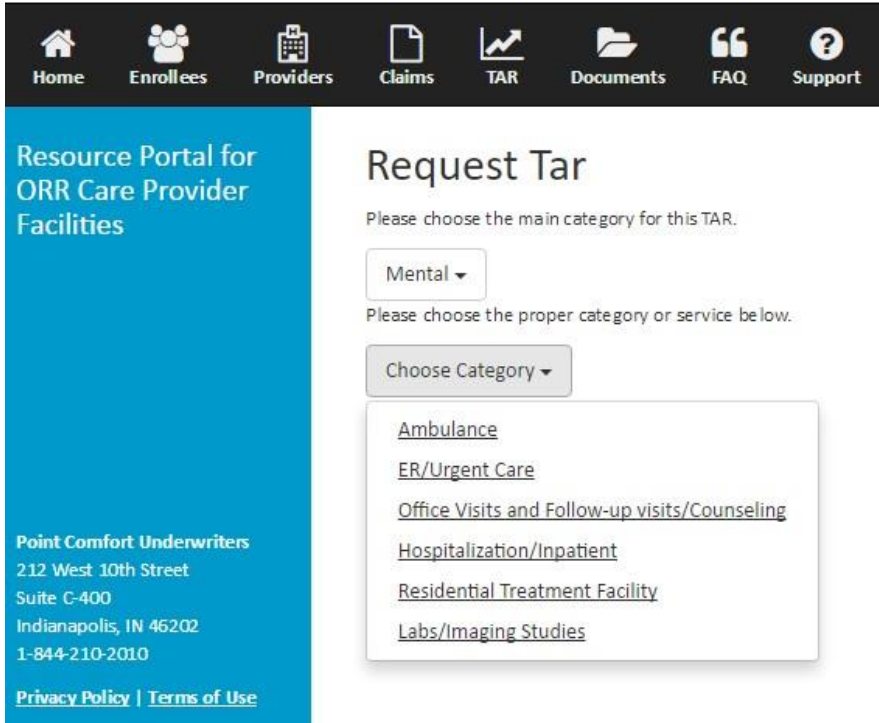
Referral Category

Category :Medical - Follow-up Immunizations

Provider/Practice Name	Vaccine Name and Last Date Given	
	Hep A	Date of last dose (mm/d
	Hep B	Date of last dose (mm/d
	HPV	Date of last dose (mm/d
	IPV	Date of last dose (mm/d
	MCV4	Date of last dose (mm/d
	MMR	Date of last dose (mm/d
	Penumococcal	Date of last dose (mm/d
	Rotavirus	Date of last dose (mm/d
	Seasonal Influenza	Date of last dose (mm/d
	Td/Tdap/DTaP	Date of last dose (mm/d
	Varicella	Date of last dose (mm/d
	OTHER	Date of last dose (mm/d

- **Durable Medical Equipment**: For rental or purchase of durable medical equipment such as a wheelchair, crutches, etc. Requests for durable medical equipment must include the date of service, the type of equipment requested, the expected cost, and a brief history of the complaint (i.e., the healthcare provider's rationale for ordering the equipment including signs/symptoms and description of injury, if relevant). Include the Medicare approved product code, if applicable and known.
  - Select this category for replacement prescription eyeglasses if prior pair of eyeglasses has been lost or broken.

Mental Category

After selecting "Mental" as the main category, a list of sub-categories will display:

Select the appropriate category based on the following descriptions:

- **Ambulance:** This may be entered after the service is provided as this is to be used for emergencies. Requests for ambulance services must include the date of service, the name of the ambulance company, the name of the hospital/facility that provided care, and a brief history of the complaint (i.e., the reason for the visit including signs/symptoms and if the ambulance service was ground or air transport).

- **ER/Urgent Care:** Requests for ER/Urgent Care must include the date of service, the name of the hospital/facility, and a brief history of the complaint (i.e., the reason for the visit including signs/symptoms).
  - o **ER Visit:** This may be entered after the service is provided as this is to be used for mental health-related emergencies and urgent care visits. Submit the ER/Urgent Care TAR within 24 hours of the services provided. NOTE: If the child is admitted to the hospital, a separate Hospitalization/Inpatient TAR will be needed upon discharge. o **Urgent Care Visit:** If the visit

is after-hours or on a weekend/holiday, pre-approval is not necessary; submit the ER/Urgent Care within 24 hours of the services provided.

However, if the child needs to be taken to an urgent care during business hours, preapproval must be obtained by PCU.

- **Office Visits and Follow-up Visits/Counseling:** For any mental health related evaluation or treatment. Requests for Office Visits and Follow-up Visits/Counseling must include the date of service, provider/practice name, CPT code(s), and a brief history of complaint (i.e., the reason for the visit including the initial psychiatric assessment, medication management, individual psychotherapy, and signs/symptoms, if applicable. If there is more than one CPT code, separate each code by a comma.

- **Hospitalization/Inpatient:** For hospital admission related to psychiatric needs. The Inpatient TAR should be submitted upon discharge from the hospital. Requests for Hospitalization/Inpatient TARs must include the date of service (admission date), the name of the hospital/facility, the dates of hospitalization (admission date and discharge date), and a brief history of the complaint (i.e., the reason for the inpatient admission including signs/symptoms). **NOTE**: Hospitalizations should be entered into the UAC Portal within 24 hours of admission; do not wait until discharge to enter the report.

Enter the date admitted and date discharged

- **Residential Treatment Center:** For placement in a Residential Treatment Center for mental health needs. Requests for a residential treatment center must include the hospital/facility name, number of days requested, the daily rate, and a brief history of the complaint (i.e., the reason for the inpatient admission including signs/symptoms). This request must have approval from the Federal Field Specialist (FFS). ORR/DHUCS will only approve up to 30 days of treatment at a time. Treatment beyond 30 days will require a new TAR.

Referral Category

Category :Mental - Residential Treatment Facility

Hospital/Facility Name	Number of days admitted	Daily Rate	FFS Approval
			○ Yes ○ No

Brief History of Complaint

- **Labs/Imaging studies:** For laboratory or x-ray services. Requests for lab tests and x-ray services must include the date of service, provider/practice name, test name (s) and CPT code(s), and a brief history of the complaint (i.e., the healthcare provider's rationale for ordering the lab test(s) including signs/symptoms).
  - Select this category for labs ordered by mental health providers such as drug levels (e.g., Dilantin or Depakote levels) and baseline labs prior to starting medication for mentalhealth needs).
  - If MRI or CT scans are requested, please send clinical notes to clinical@pointcomfort.com for further review.
  - CPT codes are optional at this time. - Please be certain that you are using the correct CPT code if one is to be listed. If the CPT code is wrong, then TAR will be denied.

To add a lab test, type the name of the test in the "Test Name" field and the corresponding CPT code in the "CPT Code" box. If more than one test was ordered, click on the square green button and enter the second test name and CPT code, repeat as necessary. To delete a test and CPT code, click on the red square button next to the test to be deleted.

Referral Category

Category :Mental - Labs/Imaging Studies

Provider/Practice Name	Test Name and CPT codes
Dr. Jane Smith	Benzodiazepines, Quant.
	90264
	Hepatic function panel
	80076

Magellan is used for all prescriptions. A TAR is not required. If the pharmacy says they cannot process the medication due to getting a "non-matched member," please verify that the pharmacy is using the **very fist** and **very last** name of the minor. Please verify that the ID number, the date of birth and the gender are correct. If they continue to have problems after this information is verified, please contact the PCU clinical team. Never pay for prescriptions with facility funds unless previously approved by PCU. **Please note over the counter medications are not covered.**

For questions regarding TAR submissions, please contact the PCU Clinical Team at clinical@pointcomfort.com