

IU Health Plans prior authorization quick reference guide and helpful tips sheet

Electronic prior authorization tool

- In-network providers can submit prior authorization requests online via our Provider Portal.
- If a service requires prior approval, our online portal offers a secure way to submit prior authorization requests. Log in to your IU Health Plans provider portal account and click the “Authorizations” tab on the navigation bar.
- If you have already submitted an online authorization request and need to make a change, it is best to fax the change request to **317.962.6219**. In most instances we can update the original authorization so you do not have to submit a new request.
- For urgent authorization requests, call us at **317.962.2378**. See the following section for definition of urgent.

Types of authorization requests

- **Urgent request:** A request for medical care or services where application of the timeframe for making routine or non-life threatening care determinations:
 - Could seriously jeopardize the life or health of the member or the member’s ability to regain maximum function, based on a prudent layperson’s judgment
 - Could seriously jeopardize the life, health or safety of the member or others, due to the member’s psychological state, or In the opinion of a practitioner with knowledge of the member’s medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request
- **Concurrent request:** A request for coverage of medical care or services made while a member is in the process of receiving the requested medical care or services, even if the organization did not previously approve the prior care
- **Non-urgent request:** A request for medical care or services for which application of the time periods for making a decision does not jeopardize the life or health of the member or the member’s ability to regain maximum function and would not subject the member to severe pain
- **Preservice request:** A request for coverage of medical care or services that the organization must approve in advance, in whole or in part
- **Postservice request:** A request for coverage of medical care or services that have been received (e.g., retrospective review)

Important guidelines when submitting prior authorization requests

- Standard requests may take up to 14 calendar days; expedited requests may take up to 72 hours.
- To help expedite the request be sure to provide the requesting provider information, including contact numbers and address.
- Verify the member information on the form is complete and accurate. The form should contain the member information for the patient receiving the services.
- Be sure to attach any supporting documentation that is applicable to the request. This will help to expedite the process.



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Additional clinical information

When additional clinical information is required to make a medical necessity decision, IU Health Plans will send up to two (2) requests for this information to the requesting provider. If we do not receive the additional information your prior authorization request will be closed within the specified time:

- For urgent concurrent review, the organization makes decisions within 24 hours of receipt of the request.
- For urgent preservice decisions, the organization makes decisions within 72 hours of receipt of the request.
- For non-urgent preservice decisions, the organization makes decisions within 14 calendar days of receipt of the request.
- For postservice decisions, the organization makes decisions within 30 calendar days of receipt of the request.

Emergency care

Definition of emergency care

A “medical emergency” is when the member reasonably believes that his or her health is in serious danger when every second counts. A medical emergency includes severe pain, a bad injury, a serious illness or a medical condition that is quickly getting worse.

Notification of emergency inpatient admissions

If an emergency or unplanned inpatient admission occurs, the admitting physician or primary care physician must notify IU Health Plans within 48 hours of admission.

Methods of submitting prior authorization

- Online via our Provider Portal (in-network providers only)
- **F** 317.962.6219
- **T** 317.962.2378
- For general questions regarding prior authorizations call **317.962.2378**.



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