



**SUPERIOR HEALTHPLAN STAR+PLUS
MEDICARE-MEDICAID PLAN (MMP)
INPATIENT AUTHORIZATION FORM**

Expedited requests: **Call** 1-800-218-7508
Standard/Concurrent Requests: **Fax** 1-877-259-6960
Medical Records: Fax 1-833-448-9363
Behavioral Health Requests/Medical Records: Fax
1-866-900-6918

For Standard (Elective Admission) requests, complete this form and FAX to 1-877-808-9368. Determination made as expeditiously as the enrollee's health condition requires, but no later than **3** calendar days after the receipt of request.

For Expedited requests, please call 1-800-218-7508. Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

For Concurrent requests, complete this form and FAX to 1-877-259-6960 (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits). Determination within 24 hours of receipt of all necessary information.

*** Indicates Required Field**

MEMBER INFORMATION

Member ID * Last Name, First * (MMDDYYYY) Date of Birth *

REQUESTING PROVIDER INFORMATION

Requesting NPI * Requesting TIN * Requesting Provider Contact Name

Requesting Provider Name * Phone Fax *

SERVICING PROVIDER / FACILITY INFORMATION

↳ Same as Requesting Provider

Servicing NPI * Servicing TIN * Servicing Provider Contact Name

Servicing Provider/Facility Name * Phone Fax *

AUTHORIZATION REQUEST

Primary Procedure Code *	Additional Procedure Code	Start Date OR Admission Date *	Diagnosis Code *
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)
Additional Procedure Code	Additional Procedure Code	Discharge Date (if applicable) otherwise *	Additional Diagnosis Code
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	Length of Stay will be based on Medical Necessity	(ICD-10)

INPATIENT SERVICE TYPE * (Enter the Service type number in the boxes) *

779 C-Section Delivery	Behavioral Health
121 Long Term Acute Care	
970 Medical	528 BH Chemical Substance Abuse
300 Neonate	529 BH Psychiatric Admission
904 Nursing Facility (Residential/Custodial Care)	Are services needed for discharge planning?
414 Premature/False Labor	
427 Rehab	
402 Skilled Nursing Facility	
411 Surgical	
992 Transplant	
720 Vaginal Delivery	

YES NO

**ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.**

