



**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 * Date of Birth * (MMDDYYYY)

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 * Length of Stay will be based on Medical Necessity	Additional Diagnosis Code
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)

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

- | | |
|---|--|
| 779 C-Section Delivery | Behavioral Health |
| 121 Long Term Acute Care | 535 BH Residential Treatment - Substance Use |
| 970 Medical | 532 BH Crisis Stabilization Unit |
| 300 Neonate | 531 BH Eating Disorders |
| 904 Nursing Facility (Residential/Custodial Care) | 529 BH Psychiatric Admission |
| 414 Premature/False Labor | |
| 427 Rehab | |
| 402 Skilled Nursing Facility | |
| 411 Surgical | |
| 992 Transplant | |
| 720 Vaginal Delivery | |



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.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

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