

## MEDICARE-MEDICAID PLAN (MMP) INPATIENT AUTHORIZATION

Expedited Requests: **Call** 855-580-1689 Standard Requests: **Fax** 844-409-5557 Concurrent Requests: **Fax** 855-581-2251

Behavioral Health Requests: Fax 833-419-0129

For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the receipt of request.

For Expedited requests, please CALL 855-580-1689. Expedited requests are made when the enrollee or his/her physician believes that waiting for a deci-sion 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 the appropriate department. (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 Date of Birth \* **MEMBER INFORMATION** (MMDDYYYY) Member ID\* Last Name, First REQUESTING PROVIDER INFORMATION Requesting NPI Requesting TIN Requesting Provider Contact Name Phone Fax Requesting Provider Name **SERVICING PROVIDER / FACILITY INFORMATION** Same as Requesting Provider Servicing NPI\* Servicing TIN \* Servicing Provider Contact Name Servicing Provider/Facility Name Phone **AUTHORIZATION REQUEST Primary** Procedure Code Additional Procedure Code Start Date OR Admission Date Diagnosis Code (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier (MMDDYYYY) (ICD-10) Discharge Date (if applicable) otherwise **Additional Procedure Code Additional Procedure Code** Length of Stay will be based on Medical Necessity Additional Diagnosis Code (CPT/HCPCS) (CPT/HCPCS) (MMDDYYYY) (ICD-10) (Modifier) (Modifier) **INPATIENT SERVICE TYPE** (Enter the Service type number in the boxes) 779 C-Section Delivery **Behavioral Health** Long Term Acute Care 535 BH Residential Treatment - Substance Use 970 Medical 532 BH Crisis Stabilization Unit 414 Premature/False Labor 531 **BH Eating Disorders** Rehah 497 529 BH Psychiatric Admission Skilled Nursing Facility 402 411 Surgical 992 Transplant 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.