



**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 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
- 121 Long Term Acute Care
- 970 Medical
- 300 Neonate
- 904 Nursing Facility (Residential/Custodial Care)
- 414 Premature/False Labor
- 427 Rehab
- 402 Skilled Nursing Facility
- 411 Surgical
- 992 Transplant
- 720 Vaginal Delivery

- Behavioral Health**
- 535 BH Residential Treatment - Substance Use
 - 532 BH Crisis Stabilization Unit
 - 531 BH Eating Disorders
 - 529 BH Psychiatric Admission



**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.**