

# MEDICARE-MEDICAID PLAN (MMP) INPATIENT AUTHORIZATION

**For Standard (Elective Admission) requests, complete this form and FAX to 1-877-861-6722.** Determination made as expeditiously as the enrollee's health condition requires, but no later than 10 calendar days after the receipt of request.

**For Expedited requests, please CALL 1-866-389-7690** 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 1-844-893-2203** (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 \*  
   
 (CPT/HCPCS) (Modifier)

Additional Procedure Code  
   
 (CPT/HCPCS) (Modifier)

Start Date OR Admission Date \*  
  
 (MMDDYYYY)

Diagnosis Code \*  
   
 (ICD-10)

Additional Procedure Code  
   
 (CPT/HCPCS) (Modifier)

Additional Procedure Code  
   
 (CPT/HCPCS) (Modifier)

Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity  
  
 (MMDDYYYY)

Additional Diagnosis Code  
   
 (ICD-10)

## INPATIENT SERVICE TYPE \*

(Enter the Service type number in the boxes)

- 779 C-Section Delivery
- 121 Long Term Acute Care
- 970 Medical
- 904 Nursing Facility Residential
- 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.

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