



# INPATIENT AUTHORIZATION

MICHIGAN

Expedited Requests: **Call** 855-445-3571  
Standard Requests: **Fax** 844-930-4389  
Concurrent Requests: **Fax** 844-930-4390  
Behavioral Health Requests: **Fax** 844-930-4395

- For Standard (Elective Admission) requests, complete this form and FAX to 844-930-4389.** Determination made as expeditiously as the enrollee's health condition requires, but no later than 7 calendar days after the receipt of request.
- For Expedited requests, Please Call 1-855-445-3571.** 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 844-930-4390** (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
- 704 Custodial Care
- 121 Long Term Acute Care
- 970 Medical
- 414 Premature/False Labor
- 427 Rehab
- 402 Skilled Nursing Facility
- 411 Surgical
- 992 Transplant
- 720 Vaginal Delivery

**Are services needed for discharge planning?**

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.**

**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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