meridiancomplete

MEDICARE-MEDICAID PLAN(MMP) INPATIENT AUTHORIZATION

MICHIGAN

Expedited Requests: **Call** 855-323-4578
Standard Requests: **Fax** 844-930-4389
Concurrent Requests: **Fax** 844-930-4390

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 14 calendar days after the receipt of request.

☐ **For Expedited requests, please call 855-323-4578.** 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 *

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

(Enter the Service type number in the boxes)

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.