

**REQUEST FOR AUTHORIZATION
PRIOR AUTHORIZATION DEPARTMENT**

Phone: (800) 322-6027 * Fax: (866) 946-2052

URGENT (for urgent medical needs) NON-URGENT (for routine services)

| TYPE OF REQUEST INFORMATION | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> INPATIENT | <input type="checkbox"/> OUTPATIENT | <input type="checkbox"/> OUTPATIENT WITH OBSERVATION | <input type="checkbox"/> HOSPITAL DISCHARGE REQUEST |
| MEMBER INFORMATION | | | |
| MEMBER'S NAME: Last: | | First: MI: | |
| DCN: | Wellcare ID#: | DOB: | TODAY'S DATE: |
| OTHER INSURANCE CARRIER: (If Applicable) | | POLICY #: (If Known) | PHONE #: |
| FROM- REQUESTING PROVIDER INFORMATION | | | |
| DATE OF SERVICE: | | CONTACT PERSON: | |
| CONTACT PERSON PHONE: | | CONTACT PERSON FAX: (For Authorization) | |
| REQUESTING PROVIDER: | | | |
| NPI #: | | TIN #: | |
| TO- WHERE WILL PATIENT RECEIVE SERVICES INFORMATION | | | |
| PHYSICIAN / PROVIDER/ FACILITY REQUESTED: | | | |
| SPECIALTY: | | ADDRESS: | |
| CITY: | PHONE: | FAX #: | |
| NPI #: | | TIN #: | |
| CLINICAL INFORMATION | | | |
| ICD – 9 DX CODE: (Required) | | | |
| CPT CODES: (Required) | DESCRIPTION: | NUMBER OF UNITS: | |
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| <ul style="list-style-type: none"> * Please attach clinical information to support medical necessity of requests for authorization. * CPT codes and clinical information to support medical necessity are vital to ensure authorization is complete for appropriate claim processing and payment. * All procedures and testing are reviewed against Wellcare Clinical Coverage Guidelines or Interqual Criteria * Requests that do not meet criteria are referred to our medical director for review, clinical information must be provided to support medical necessity. * Authorizations CANNOT be back dated * PLEASE PHONE IN URGENT REQUEST OR MARK AS URGENT <p><u>If the requested test / procedure is approved a separate approval form will be faxed.</u></p> <p>The Missouri Care Web Portal is a web based option for member eligibility, claim verification, prior authorization requirements and submission and obtaining forms at www.missouricare.com.</p> | | | |