missouricare℠
A WellCare Company

REQUEST FOR AUTHORIZATION
HOME HEALTH SERVICES
Phone: 1-800-322-6027 / Fax: 1-866-946-2052

Member Information			
Member's Name: Last:	**First:**	**MI:**	**DOB:**
MissouriCare ID#:	**Medicaid ID#:**	**Member's Phone #:**	

Requesting Provider		
Requesting Provider Name:	**Requesting Provider ID #:**	**Contact Name:**
NPI #/TIN #:	**Provider Address:**	
Requesting Provider Fax #:	**Requesting Provider Phone #:**	

Treating Provider		
Treating Provider Name:	**Treating Provider ID #:**	**Contact Name:**
NPI #/TIN #:	**Provider Address:**	
Treating Provider Fax #:	**Treating Provider Phone #:**	

CLINICAL INFORMATION		
Diagnosis Codes:	**Requested Dates Of Service:**	**Place of Service:**
CPT Code(s) requested:		

INSTRUCTIONS: Select the Discipline Requested and Enter the Quantity of Visits Needed.

☐ **Skilled Nursing**	_____ times per week for _____ weeks	☐ **Home Health Aid**	_____ times per week for _____ weeks
☐ **Occupational Therapy**	_____ times per week for _____ weeks	☐ **Physical Therapy**	_____ times per week for _____ weeks
☐ **Speech Therapy**	____ times per week for _____ weeks	☐ **Medical Social Worker**	_____ times per week for _____ weeks

**** Please attach physician order and clinical information to support medical necessity.**

****Authorization cannot be back-dated.**

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.wellcare.com/Missouri/Providers/Medicaid/Forms.