

**REQUEST FOR AUTHORIZATION
BARIATRIC SURGERY
PHONE: 1-800-322-6027 FAX: 1-866-946-2052**

<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient			
MEMBER INFORMATION			
MEMBER'S NAME: Last:		First:	MI:
DCN:		DOB:	TODAY'S DATE:
OTHER INSURANCE CARRIER: (If Applicable)		POLICY #: (If Known)	PHONE #:
PROVIDER INFORMATION			
DATE OF SERVICE:		CONTACT PERSON:	
CONTACT PERSON PHONE:		Contact Person Fax: (For Authorization)	
ORDERING PROVIDER:	Facility ID #:	TIN #:	NPI #:
FACILITY:	Facility ID #:	TIN #:	NPI #:
CLINICAL INFORMATION			
ICD - 10 DX CODES: (Required)			
CPT CODES: (Required)	DESCRIPTION:		NUMBER OF UNITS:
** Required Documentation			
<input checked="" type="checkbox"/> Psychiatric evaluation <input checked="" type="checkbox"/> Current medication list from PCP <input checked="" type="checkbox"/> Current problem list from PCP <input checked="" type="checkbox"/> Letter of medical necessity <input checked="" type="checkbox"/> Clinical information from bariatric clinic <input checked="" type="checkbox"/> Authorizations cannot be backdated			
<u>If the requested surgery is approved, a separate authorization form will be faxed.</u>			
<p>The Missouri Care Web Portal is a web-based option for member eligibility, claim verification, prior authorization submission and obtaining forms at www.missouricare.com.</p>			

****Prior authorization must be obtained prior to the day of the procedure**