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			
☐ **INPATIENT**	☐ **OUTPATIENT**	☐ **OUTPATIENT WITH OBSERVATION**	☐ **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		
PHYSCIAN / PROVIDER/ FACILITY REQUESTED:		
SPECIALTY:	**ADDRESS:**	
CITY:	**PHONE:**	**FAX #:**
NPI #:	**TIN #:**	

CLINICAL INFORMATION

ICD – 9 DX CODE: (Required)

CPT CODES: (Required)	DESCRIPTION:	NUMBER OF UNITS:

* 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**

If the requested test / procedure is approved a separate approval form will be faxed.

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.