



**Behavioral health
Request for authorization
BH prior authorization form
Phone: (800) 322-6027 / Fax: (866) 946-2052**

Type of request information			
<input type="checkbox"/> Initial assessment	<input type="checkbox"/> Outpatient medication management	<input type="checkbox"/> Outpatient therapy	<input type="checkbox"/> ECT
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)	
Requesting provider:			
NPI #:		TIN #:	
Clinical information			
Axis I code: (required)			
Axis II code:			
Axis III code:			
Axis IV code:			
Axis V code:			
CPT Codes: (required)	Description:		Number of units:
<p>* Please attach clinical information to support medical necessity of requests for authorization. Requests will NOT be processed without clinical information.</p> <p>* CPT codes and clinical information to support medical necessity are vital to ensure authorization is complete for appropriate claim processing and payment.</p> <p>* All requests are reviewed against LOCUS or CALOCUS criteria</p> <p>* Authorizations CANNOT be back dated</p> <p>* Please phone in urgent request or mark as urgent</p> <p><u>If the request 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, and prior authorization requirements Web Portal access can be requested at www.missouricare.com.</p>			

Missouri Care Claims Submission
P.O. Box 31224
Tampa, FL 33631-3224
www.missouricare.com



If you do not understand this letter, call us at 1-800-322-6027 for assistance. We can provide an interpreter. Si no entiende esta carta, llámé al 1-800-322-6027 para solicitar asistencia. Podemos conseguirle un intérprete.