

**REQUEST FOR AUTHORIZATION  
GASTRIC BYPASS SURGERY  
PHONE: (800) 322-6027\* FAX: (866) 946-2052**

Inpatient surgery		
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:	NPI #:	TIN #:
FACILITY WHERE PROCEDURE WILL OCCUR:		
CLINICAL INFORMATION		
ICD - 9 DX CODES: (Required)		
HCPCS CODES: (Required)	DESCRIPTION:	NUMBER OF UNITS:
<b>** Required Documentation</b>		
<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		
<b><u>If the requested surgery is approved a separate authorization form will be faxed.</u></b>		
The Missouri Care Web Portal is a web based option for member eligibility, claim verification, prior authorization submission and obtaining forms at <a href="http://www.missouricare.com">www.missouricare.com</a> .		

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