

**Request For Authorization**  
**DURABLE MEDICAL**  
**EQUIPMENT**  
**PHONE: 1-800-322-6027 / FAX: 1-866-946-2052**

Member Information			
Member's Name: Last:		First:	MI:
DOB:		Today's Date:	
MissouriCare ID #:		Medicaid ID #:	Members Phone #:
Durable medical equipment (DME) provider information			
DME Provider			
DME Provider Name:		DME Provider ID #:	Contact Name:
NPI/TIN:		Provider Address:	
DME Provider Fax Number:		DME Provider Phone Number:	
Ordering Provider			
Ordering Provider Name:		Ordering Provider ID#:	Contact Name:
NPI/TIN:		Provider Address:	
Ordering Provider Fax Number:		Ordering Provider Phone Number:	
Clinical information			
ICD – 10 DX Code: (required)		Planned Date of Service: To: _____ From: _____	Place of Service:
HCPCS codes (required)	Description	Number of units	Rental / Purchase
			<input type="checkbox"/> Rental
			<input type="checkbox"/> Purchase
			<input type="checkbox"/> Rental
			<input type="checkbox"/> Purchase
			<input type="checkbox"/> Rental
			<input type="checkbox"/> Purchase

- \* Required HCPCS codes, a signed physician's order and clinical information to support medical necessity are vital to ensure authorization is complete for the appropriate claim processing and payment.
  - \* Authorization cannot be backdated
- Non-contracted providers require PA for all DME items.**  
**If the requested DME items are approved a separate authorization approval form will be faxed.**

The Missouri Care Web Portal is a web-based option for member's eligibility, claim verification, prior authorization submission and obtaining forms at [www.missouricare.com](http://www.missouricare.com)