

# Inpatient Authorization Request

**CHECK ONE OF THE FOLLOWING:**

**Required Information:** In order to ensure our members receive quality care, appropriate claims payment, and notification of servicing providers, please complete this form in its entirety. Please type or print in black ink and submit this request to the fax number below.

**Fax to Missouri Care at 1-866-946-2052**

Inpatient  Observation  Skilled Nursing  Inpatient Rehab  LTAC  Labor Check  Hospice

**MEMBER**

Missouri Care ID:	Last Name:	First Name, MI:
Medicaid/Medicare #:	Phone Number:	Date of Birth:

**FACILITY**

<input type="checkbox"/> Planned Admission <input type="checkbox"/> Emergency Notification	Medical Record #:
Facility ID Number:	NPI Number/Tax ID:
Last Name:	First Name:
Street Address:	City, State: ZIP Code:
Phone Number:	Fax Number:
Provider Type/Specialty:	Name of Requester:

**TREATING PROVIDER**

Provider ID:	Specialty:
Provider Last Name:	Provider First Name:
Address:	City, State: ZIP Code:
Phone Number:	Fax Number:

**SERVICE REQUESTED**

Planned Date of Service : From: ___/___/___ To: ___/___/___ Or Requested length of stay : _____ days
Primary ICD-10 Code: _____ Description: _____
Primary CPT-4 Code: _____ Description: _____
Please include additional procedures codes, as applicable, in the Clinical Summary below.
Pertinent Clinical Summary: (Attach supporting clinical records, if necessary.)

*Authorizations will be given for medically necessary services only; it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergencies do not require prior authorization (An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity which could result, without immediate medical attention, in serious jeopardy to the health of an individual). \*Urgent Care is defined as medically necessary treatment for an injury, illness, or other type of condition (usually not life threatening) which should be treated within 24 hours.*