



Missouri Care™
H E A L T H P L A N

REQUEST FOR AUTHORIZATION
Durable Medical Equipment (DME)

DME items < \$250 do not require prior authorization

Prior Authorization Department
Phone: (800) 322-6027 # 2, then press (3)
Fax: (866) 946-2052

Date of Request: _____

Name of Contact Person: _____

Phone Number: _____

Fax Number You Want This Request Faxed Back To: _____

Member Name: _____

Member DCN: _____ DOB: _____

DME Provider: _____

Ordering Physician: _____

Date to be provided to Member: _____

ICD-9 Code: _____

Item Requested: _____

HCPCS Code: _____

Consignment: Yes No

Please attach clinical information to support medical necessity of requests for authorization.

- HCPCS codes and clinical information to support medical necessity are vital to ensure authorization is complete for appropriate claim processing and payment.
- All DME requests are reviewed against Milliman Criteria.
- DME requests > \$250 are reviewed by the medical director. Clinical information must be provided to support medical necessity.
- Only requests for consignment DME items may be back dated for 2 weeks.

AUTHORIZATION NUMBER _____

Date _____