

MCO Universal Newborn Prior Authorization Form - Pediatric Offices

Out-of-network pediatric providers must provide this information to obtain an authorization for services rendered in the office during the first 60 days after discharge. Authorization should be requested by close of the next business day. For questions, contact the plan at the associated phone number.

***Fax the COMPLETED form OR call the plan with the requested information.**

Absolute Total Care

P: 1.866.433.6041

F: 1.866.912.3606

www.absolutetotalcare.com

First Choice by Select Health

P: 1.888.559.1010

F: 1.866.368.4562

www.selecthealthofsc.com

Healthy Blue

P: 1.866.902.1689

F: 1.800.823.5520

www.healthybluesc.com

Humana of SC

P: 1.866.432.0001

F: 1.833.441.0950

www.humana.com

Molina HealthCare of SC

P: 1.866.423.3889

F: 1.855.571.3011

www.molinahealthcare.com

| | | | | |
|--------------------------------------|--------------|-----------------------|---------------|--|
| Patient's name (first, middle, last) | | | DOB | |
| Street address, apt. number | | City, State, Zip | | |
| Home phone | Mobile phone | Medicaid number | MCO ID number | |
| Mom's name (first, middle, last) | | Mom's Medicaid number | Mom's SSN | |

Secondary Coverage

| | | | | |
|---------------|-----|-------------------------|--------------|--|
| Plan | | ID number | Group number | |
| Policy holder | DOB | Relationship to patient | Employer | |

EPSDT and Immunization

| | | | |
|--|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> 99381 (EPSDT new) | <input type="checkbox"/> 99391 (EPSDT established) | <input type="checkbox"/> 1 visit | <input type="checkbox"/> 2 visits |
| <input type="checkbox"/> 90471 | DOS | Immunization administered | |
| <input type="checkbox"/> 90472 | DOS | Immunization administered | |
| <input type="checkbox"/> 90473 | DOS | Immunization administered | |

E/M Non-EPSDT

| | | | | | |
|------------------------------|----|-----|------------------------------|----|-----|
| <input type="checkbox"/> CPT | Dx | DOS | <input type="checkbox"/> CPT | Dx | DOS |
|------------------------------|----|-----|------------------------------|----|-----|

Labs CLIA Certificate Number:

| | | | | | |
|------------------------------|-----|------------------------------|-----|------------------------------|-----|
| <input type="checkbox"/> CPT | DOS | <input type="checkbox"/> CPT | DOS | <input type="checkbox"/> CPT | DOS |
| <input type="checkbox"/> CPT | DOS | <input type="checkbox"/> CPT | DOS | <input type="checkbox"/> CPT | DOS |

Other

| | | | | | |
|--------------------------------|-----|--------------------------------|-----|--------------------------------|-----|
| <input type="checkbox"/> 17250 | DOS | <input type="checkbox"/> 54160 | DOS | <input type="checkbox"/> 96150 | DOS |
| <input type="checkbox"/> 51701 | DOS | <input type="checkbox"/> 94640 | DOS | <input type="checkbox"/> 96152 | DOS |
| <input type="checkbox"/> 54150 | DOS | <input type="checkbox"/> 94760 | DOS | <input type="checkbox"/> 97802 | DOS |
| <input type="checkbox"/> CPT | DOS | <input type="checkbox"/> CPT | DOS | <input type="checkbox"/> CPT | DOS |

| | | | | | |
|---|------------------|----------------------|-----|------------------------------------|--|
| Practice name | | Practice NPI number | | | |
| Attending physician (last name, first name) | | Physician NPI number | | | |
| Contact person | | Phone | Fax | | |
| Plan point of contact | Date plan called | Time of call | | Plan reference/confirmation number | |

For MCO use only.

| | | | |
|-----------------------------------|---------------------------------|----------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Authorization number | Date of notification to pediatric office |
| Reviewer name | | Reviewer title | Please note that our review applies only to the authorization of medical necessity and benefit coverage. This authorization is not a guarantee of payment unless the member is eligible at the time the services are rendered. |