

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.**

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Absolute Total Care
P: 1.866.433.6041
F: 1.866.918.4451
www.absolutetotalcare.com | <input type="checkbox"/> First Choice by Select Health
P: 1.888.559.1010
F: 1.866.368.4562
www.selecthealthofsc.com | <input type="checkbox"/> Healthy Blue by BlueChoice of SC
P: 1.866.902.1689
F: 1.800.823.5520
www.healthybluesc.com | <input type="checkbox"/> Molina HealthCare of SC
P: 1.866.423.3889
F: 1.855.571.3011
www.molinahealthcare.com | <input type="checkbox"/> WellCare of SC
P: 1.888.588.9842
F: 1.877.431.8859
www.wellcare.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

99381 (EPSDT new) 99391 (EPSDT established) 1 visit 2 visits

90471 DOS Immunization administered

90472 DOS Immunization administered

90473 DOS Immunization administered

E/M Non-EPSDT

CPT Dx DOS CPT Dx DOS

Labs CLIA Certificate Number:

CPT DOS CPT DOS CPT DOS

CPT DOS CPT DOS CPT DOS

Other

17250 DOS 54160 DOS 96150 DOS

51701 DOS 94640 DOS 96152 DOS

54150 DOS 94760 DOS 97802 DOS

CPT DOS CPT DOS 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.

Approved 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.
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