

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"/> Advicare
P: 1.888.781.4371
F: 1.888.781.4316
www.advicarehealth.com | <input type="checkbox"/> BlueChoice HealthPlan Medicaid
P: 1.866.902.1689
F: 1.800.823.5520
www.bluechoicescmedicaid.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"/> Molina HealthCare of SC
P: 1.855.237.6178
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

<input type="checkbox"/> 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	

<input type="checkbox"/> E/M Non-EPSDT			
<input type="checkbox"/> CPT	Dx	DOS	<input type="checkbox"/> CPT
			Dx
			DOS

<input type="checkbox"/> 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

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