

17-P UNIVERSAL AUTHORIZATION FORM

MCO Prior Authorization Requests: Fax the completed form to the patient's MCO.

Absolute Total Care **BlueChoice HealthPlan** **First Choice by Select Health** **UHC CommunityPlan**
P: 803-933-3689 P: 866-902-1689 P: 888-559-1010 x55251 P: 800-366-7304
F: 866-918-4451 F: 800-823-5520 F: 866-533-5493 F: 866-841-9336

Provider Information:

Provider Name _____
(Please Print)
Address _____ City/State/Zip _____
Phone _____ Fax _____ Subspecialty MFM/Perinatology Other: _____
Tax ID _____ NPI _____

Patient/Member Information:

Patient/Member Name _____ Medicaid ID _____
(Please Print)
Member Plan ID _____ DOB _____ Phone Number _____
Address _____ City/State/Zip _____

Pregnancy Information & History:

G ___ T ___ P ___ A ___ L ___ (Note: A=abortions both spontaneous & medically induced) EDC _____
Bed Rest Yes No Experiencing Preterm Labor Yes No
Major Fetal or Uterine Anomaly Yes No
(Home administration available if on bed rest.)
 Singleton Pregnancy Multiple Pregnancy At least 16 weeks gestation Yes No
Previous spontaneous singleton preterm birth between 20 – 36 weeks Yes No
Medication Allergies: _____ No known drug allergies
Other Pertinent Clinical Information: _____

17-P Criteria & Pharmacy Information:

Women eligible for 17-P must meet the following criteria:

- History of previous spontaneous singleton preterm birth between 20 and 36 weeks
- At least 16 weeks gestation at initiation of therapy
- No major fetal or uterine anomaly

Pharmacy:

_____ Ship to patient's home address End Date of Service _____

_____ Ship to provider's address End Date of Service _____

Shipping Preference: Regular Mail Ground Overnight

Ordering Physician's Signature: _____

MCO Use Only:

Approved Denied 17-P Authorization # _____

Dates of Service: _____ Number of Injections: _____

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.