

# 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: 1.866.918.4451

www.absolutetotalcare.com

**BlueChoice HealthPlan**

P: 1.866.902.1689

F: 1.800.823.5520

www.bluechoicescmedicaid.com

**First Choice by Select Health**

P: 1.888.559.1010

F: 1.866.368.4562

www.selecthealthofsc.com

**Unison Health Plan**

P: 1.800.366.7304

F: 1.866.841.9336

www.unisonhealthplan.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

## EIM 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.