

MCO Universal Prior Authorization Form – BabyNet

A copy of the IFSP must be attached to the PA request. For questions, contact the plan at the associated phone number. ***Fax the COMPLETED form and the IFSP**

<input type="checkbox"/> Absolute Total Care	<input type="checkbox"/> First Choice by Select Health	<input type="checkbox"/> Healthy Blue by BlueChoice of SC	<input type="checkbox"/> Molina HealthCare of SC	<input type="checkbox"/> Humana of SC
P: 1.866.433.6041 F: 1.866.912.3606 www.absolutetotalcare.com	P: 1.888.559.1010 F: 1.866.368.4562 www.selecthealthofsc.com	P: 1.866.902.1689 F: 1.800.823.5520 www.healthybluesc.com	P: 1.855.237.6178 F: 1.866.423.3889 www.molinahealthcare.com	P: 1.866.432.0001 F: 1.833.441.0950 www.Humana.com

Patient's name (first, middle, last)			DOB	
Street address, apt. number		City, State, Zip		
Home phone	Mobile phone	Medicaid number	MCO ID number	
Start Date	Stop Date	ICD-10 Diagnosis Code		

Secondary Coverage

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

AUDIOLOGY EVALUATION

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
		Daily	Weekly	Monthly	Annually

AUDIOLOGY SERVICES

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
		Daily	Weekly	Monthly	Annually

AUTISM ASSESSMENT

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
		Daily	Weekly	Monthly	Annually

AUTISM SERVICES

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
		Daily	Weekly	Monthly	Annually

		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually

OCCUPATIONAL THERAPY EVALUATION

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually

OCCUPATIONAL THERAPY SERVICES

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually

PHYSICAL THERAPY EVALUATIO

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually

PHYSICAL THERAPY SERVICES

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually

SPEECH LANGUAGE EVALUATIO

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually

SPEECH LANGUAGE SERVICES

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually
		Daily	Weekly	Monthly	Annually

VISION EVALUATION

PROCEDURE CODE	UNITS REQUESTED	TIME SPAN			
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			Daily		Weekly		Monthly		Annually
			Daily		Weekly		Monthly		Annually
VISION SERVICES									
PROCEDURE CODE	UNITS REQUESTED	TIME SPAN							
			Daily		Weekly		Monthly		Annually
			Daily		Weekly		Monthly		Annually
			Daily		Weekly		Monthly		Annually

Practice name	Submission Date	Practice NPI number
Individual Provider Name (last name, first name)		Individual Provider NPI number
Practice Contact person	Phone	Fax