

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

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
<b>VISION SERVICES</b>									
<b>PROCEDURE CODE</b>	<b>UNITS REQUESTED</b>	<b>TIME SPAN</b>							
			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

MCO Universal BabyNet Authorization Form 7.2021

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