

## Requesting preauthorization for the Bariatric Surgery program

1. Obtain a precertification form from <https://providers.amerigroup.com/WA> > Provider Resources & Documents > Forms > *Precertification Request Form*.
2. Complete the form, providing member information, referring provider information, servicing provider, servicing facility and requested service.
3. Under the *Requested service* section, check “Other” and write in bold letters “**Bariatric program stage II.**” Do not submit any CPT codes; we have a list of the codes that the providers will need to bill. Do submit the diagnosis code(s).
4. Fax the precertification form and supporting clinical information to 1-855-231-8664. Supporting clinical information should include height, weight, BMI, and a history and physical that includes comorbid medical conditions.
5. We will review the information and respond to you and the member within five days.
6. For assistance, call Amerigroup Washington, Inc. at 1-855-323-4688.