

Washington Precertification Form

Fax numbers:

- Home Health, home infusion and durable medical equipment requests: 1-844-528-3681
- Applied behavioral analysis, outpatient behavioral health: 1-844-887-6357
- Outpatient therapy, bariatric, pain management, podiatry and orthotics/prosthetics requests: 1-855-231-8664
- Skilled nursing/inpatient rehabilitation/long-term acute care hospital requests: 1-855-225-9940
- Other precertification requests: 1-800-964-3627 (fax) or 1-800-454-3730 (call for information)

To prevent a delay in processing, please complete this form in its entirety and submit all clinical information to support your request.

Today's date:	Provider return fax:	Provider return phone:
Member information		
First name:	Last name:	Member ID:
DOB:		Contact phone:
Address:	City, State ZIP:	
Additional member information:		
Referring provider	<input type="checkbox"/> Participating	<input type="checkbox"/> Nonparticipating
Full name:	Specialty:	
NPI:	TIN:	Provider ID:
Contact name:	Office phone:	Office fax:
Address:	City, State ZIP:	
Servicing provider	<input type="checkbox"/> Participating	<input type="checkbox"/> Nonparticipating
Full name:	Specialty:	
NPI:	TIN:	Provider ID:
Contact name:	Office phone:	Office fax:
Address:	City, State ZIP:	
Servicing facility	<input type="checkbox"/> Participating	<input type="checkbox"/> Nonparticipating
Name:		
NPI:	TIN:	Provider ID:
Contact name:	Facility phone:	Facility fax:
Address:	City, State ZIP code:	
Requested service		
Date/date range of service:	Number of visits required:	
ICD-10 code(s):		
CPT code(s) and units requested:		
For outpatient therapy, the number of units used on current authorization:		
For outpatient therapy, the date of the member's last session:		
Type of service (Check all that apply.):	<input type="checkbox"/> Diagnostic study	<input type="checkbox"/> DME
	<input type="checkbox"/> LTC/LTSS	<input type="checkbox"/> Observation extension
	<input type="checkbox"/> Skilled nursing facility	<input type="checkbox"/> Other:
Place of service:	<input type="checkbox"/> Ambulatory surgery center	<input type="checkbox"/> Home
	<input type="checkbox"/> Office	<input type="checkbox"/> Other:
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Independent lab
	<input type="checkbox"/> Hospice	<input type="checkbox"/> Nursing facility
	<input type="checkbox"/> Outpatient	
	<input type="checkbox"/> Inpatient	
	<input type="checkbox"/> Personal care services	

Additional information:

If this is a request for extension or modification of an existing authorization, provide the authorization number:

Emergent/urgent: Use for all nonelective **inpatient** admissions or **outpatient** services only when the provider indicates that the service was urgent, emergent or expedited. This is limited to instances where authorization decisions could seriously jeopardize the enrollee's life or health, or ability to attain, maintain or regain maximum function.

Disclaimer: Authorization is based on verification of member eligibility and benefit coverage at the time of service. Authorization is subject to Amerigroup Washington, Inc. claims, payment policy and procedures.