Amerigroup
An Anthem Company

https://providers.amerigroup.com

Precertification Request

Amerigroup District of Columbia, Inc. prior authorization: phone — 1-800-454-3730 or fax — 1-800-964-3627
To prevent delay in processing your request, please fill out form in its entirety with all applicable information.

Today's date:	**Provider return fax #:**

Member information

First name:	Last name:	Amerigroup member ID:
Address:	City, State ZIP code:	
DOB:	Phone #:	

Additional member information:

Referring provider: ☐ **Participating** ☐ **Nonparticipating**

Full name:		
NPI:	Provider ID:	TIN:
Office contact name:	Office phone #:	Office fax #:
Address:	City, State ZIP code:	

Specialty:

Servicing provider: ☐ **Participating** ☐ **Nonparticipating**

Full name:		
NPI:	Provider ID:	TIN:
Office contact name:	Office phone #:	Office fax #:
Address:	City, State ZIP code:	

Specialty:

Servicing facility: ☐ **Participating** ☐ **Nonparticipating**

Name:		
NPI:	Provider ID:	TIN:
Facility contact name:	Facility phone #:	Facility fax #:
Address:	City, State ZIP code:	

Requested service (For type of service, check all that apply.) **Date/range of service:**

ICD-10 code(s):

CPT code(s) — Include requested units:_____

Type of service: ☐ Outpatient ☐ Planned inpatient ☐ Emergent inpatient ☐ Skilled nursing facility
☐ Long-term services and supports/long-term care ☐ Home health ☐ Durable medical equipment
☐ Diagnostic study ☐ Hospice ☐ Office visit ☐ Personal care services
☐ Other: _____

Place of service: ☐ Hospital ☐ Ambulatory surgery center ☐ Office ☐ Home ☐ Independent lab
☐ Nursing facility ☐ Other:_____

Additional information:

Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Amerigroup, please provide the authorization number with your submission.

Emergent — Use for **all** nonelective **inpatient** admissions only when provider indicates that the admission was urgent, emergent or expedited (for admission on same day)

Urgent — Use for **outpatient** services only when provider indicates that the service is urgent, emergent or expedited