

## ***Precertification Request***

To prevent delays in processing your request, please submit all appropriate clinical information, provider contact information and any other required documents to support your request. If this is a request for an extension or modification of an existing authorization from Amerigroup, please provide the authorization number with your submission. For questions or to submit your request, use the following:

- Statewide Medicaid Managed Care Managed Medical Assistance — prior authorization (PA) phone: 1-800-454-3730; PA fax: 1-800-964-3627
- Statewide Medicaid Managed Care Long-Term Care — PA phone: 1-877-440-3738; PA fax: 1-888-762-3220

Date:	Provider return fax:
<b>Member information</b>	
Name:	Amerigroup ID:
Phone:	DOB:
Address:	Additional member information:
<b>Referring provider</b> <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
Specialty:	
<b>Servicing provider</b> <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Office contact name:	Office phone:
Office fax:	Address:
<b>Servicing facility</b> <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
Name:	NPI:
Provider ID:	TIN:
Facility contact name:	Facility phone:
Facility fax:	Address:
<b>Requested service</b>	
ICD-10 code(s):	Date/date range of service:
	CPT code(s) (include requested units):
<b>Type of service (check all that apply):</b> <input type="checkbox"/> Outpatient <input type="checkbox"/> Planned inpatient <input type="checkbox"/> Emergent inpatient <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Long-term services and supports/long-term care <input type="checkbox"/> Home health <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Diagnostic study <input type="checkbox"/> Hospice <input type="checkbox"/> Office visit <input type="checkbox"/> Personal care services <input type="checkbox"/> Other:	
<b>Place of service:</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Independent lab <input type="checkbox"/> Nursing facility <input type="checkbox"/> Other:	
<b>Additional information</b>	
<input type="checkbox"/> Emergent — use for <b>all</b> nonelective <b>inpatient</b> admissions only, when provider indicates that the admission was urgent, emergent or expedited (for admission on same day). <input type="checkbox"/> Urgent — use for <b>outpatient</b> services only, when provider indicates that the service is urgent, emergent or expedited.	

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