



Georgia Hospital Outlier Request Checklist

	1. Outlier appeal cover letter naming hospital contact person (make sure to indicate this is a Georgia outlier request)
	2. Copy of the original claim
	3. Copy of the Paid Remittance(s) Advice (RA)
	4. Detailed itemized charges with revenue codes
	5. Charges documented on itemized bill correlate with Universal Billing (UB) form
	6. Itemized bill is numbered by provider and documents quantities billed
	7. Total charges and DOS match on itemized bill, RA and UB form
	8. Charges documented in the itemized bill but not billed on the UB form are identified and marked through on the itemized bill
	9. Utilization review notes document severity of illness and intensity of service criteria met; notes are signed and dated
	10. Physician discharge summary
	11. Physician orders
	12. Operating room procedure notes (if applicable)
	13. Physical/occupational/speech/radiology reports/respiratory therapy notes (if applicable)
	14. Chart is organized and labeled for review and only documents required are submitted (please do not include tabs or insert tabs; however, it is acceptable to insert a page indicating documents that will proceed)
	15. Other documents (e.g., laboratory reports, etc.)
	16. Request submitted within deadline of paid remittance advice
	17. Indicated total number of pages submitted for review
	18. Nursing flow sheets/daily nursing time recap
	19. Medication administration records

Please note that the outlier request submissions must include **all** of the documentation detailed above for proper consideration. Supplemental resubmission of incomplete or missing documentation will not be accepted for outlier payments. Documents should be sent to:

Outlier Requests
 Amerigroup Community Care
 303 Perimeter Center North, Suite 400
 Atlanta, GA 30346

FOR PROVIDER SERVICES, VISIT WWW.AMERIGROUPCORP.COM/PROVIDERS • OR CALL 1-800-454-3730

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