



Precertification request

Amerigroup Iowa, Inc. prior authorization: 1-800-454-3730 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:	
Address:	City, State ZIP code:	
Amerigroup member ID:	Contact phone:	DOB:
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 (billing) 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/date range of service:

ICD-10 code(s):

CPT or HCPCS code(s) (include requested units):

Type of service: Outpatient Inpatient Skilled nursing facility Long-term services & supports/long-term care
 Home health (WA providers: Use Health Home Precertification form)
 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 is 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.

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