



### Hospice precertification request

Long-term services and supports (LTSS) fax number: 1-855-225-9937

Authorization number: \_\_\_\_\_ (to be completed by Amerigroup Kansas, Inc.)

Today's date: \_\_\_\_\_

#### Member information

Name: \_\_\_\_\_

Amerigroup ID number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP code: \_\_\_\_\_

Medicaid ID number: \_\_\_\_\_

DOB: \_\_\_\_\_

#### Hospice agency information

Name of hospice agency: \_\_\_\_\_

NPI number: \_\_\_\_\_

Amerigroup provider number: \_\_\_\_\_

Office contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Other clinical information needed

Diagnosis code: \_\_\_\_\_

Procedure code: \_\_\_\_\_

Effective date: \_\_\_\_\_

Date of death (if applicable): \_\_\_\_\_

Service intensity add-on (SIA) for last seven days of life:

G0299U2 for registered nurse (RN) services  G0155 for social worker (SW) services

NPI number of RN or SW: \_\_\_\_\_

Date of transfer to another provider (if applicable): \_\_\_\_\_

Date of hospice revocation (if applicable): \_\_\_\_\_

Nursing facility where hospice services are provided (if applicable): \_\_\_\_\_

Nursing facility NPI number: \_\_\_\_\_

Amerigroup provider number: \_\_\_\_\_

#### To be completed by Amerigroup:

Initial 90 days  Secondary 90 days  Subsequent 60 days  SIA seven days

**Provider: Please attach notice of election statement**