

Outpatient Prior Authorization Request

Phone: 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.

Member information

First name: _____ Last name: _____ Amerigroup Community Care member ID: _____

Address: _____ City, State ZIP code: _____

DOB: _____ Contact 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/date range of service:

| | |
|-------|-----|
| From: | To: |
|-------|-----|

ICD-10 code(s): _____

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

Type of service: Home health Home infusion Durable medical equipment

Diagnostic study Hospice Office visit

Other: _____

Place of service: Hospital Ambulatory surgery center Office Home Independent lab

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.

This area is reserved for the definition of what is considered expedited, urgent or emergent.

Routine Emergent Urgent Expedited Extension

Disclaimer: 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.