Amerigroup
An Anthem Company

https://providers.amerigroup.com

Precertification request for: durable medical equipment, skilled home care, home infusion, pain management, hyperbaric, hospice, dialysis and chiropractic care

Fax: 1-877-244-1723; **Phone:** 1-800-454-3730

This form should only be used for those services listed above.
To prevent delay in processing your request, please fill out form in its entirety with all applicable information. All other precertification requests:

General fax: 1-800-964-3627; **DSNP fax:** 1-888-235-8468; **MLTSS fax:** 1-888-826-9762

Member information	
Full 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:		Continuity of care request: ☐ Yes ☐ No			

Servicing facility	☐ **Participating**		☐ **Nonparticipating**		
Full name:					
NPI:		NPI:		NPI:	
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]) for outpatient services; include requested units:				
Type of service:	☐ Diagnostic study ☐ Durable medical equipment ☐ Home health ☐ Home infusion ☐ Hospice ☐ Hyperbaric ☐ Office visit ☐ Outpatient ☐ Pain management ☐ Other: _____			
Place of service:	☐ Ambulatory surgery center ☐ Home ☐ Hospital ☐ Independent lab ☐ Office ☐ Nursing facility ☐ Other: _____			
Contact phone:				
Additional information:	☐ Routine ☐ Emergent ☐ Urgent ☐ Expedited			

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 procedures.