

## ***Exception to Rule/Limitation Extension Request Form***

### **Request for an exception to rule (ETR) or limitation extension (LE) (Apple Health only):**

- Requests may be submitted with a preauthorization request or after an authorization request has been administratively denied as a noncovered service or exhausted benefit.
- ETR or LE requests **must be** attached to a completed *Precertification Request Form*.
- For administrative denials, please submit your request in writing within 60 days of the denial.
- Requests must provide member-specific information and documentation that demonstrates there is no equally effective, less costly covered service or equipment that will meet the needs of the member.
- Please call Member Services to verify eligibility and benefits at 1-800-600-4441.
- Requests may be sent to Amerigroup Washington, Inc. by fax at 1-855-231-8664.

<b>Member information</b>		
First name:	Last name:	Amerigroup ID:
Date of birth:	Address:	Phone number:
<b>Servicing provider information</b>		
First name:	Last name:	Facility name:
Contact phone:	Contact fax number:	Denial date:
Reference number:	Diagnosis/ICD-10:	Services being requested:
To be completed by ordering provider on a separate attachment: <ul style="list-style-type: none"> <li>• Describe why this patient is clinically/medically unique from others with a similar condition and why the ETR or LE should be granted.</li> <li>• Describe alternative treatment(s) that have been tried and the outcome(s).</li> </ul>		