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Washington Precertification Request

- Home Health, home infusion and durable medical equipment requests, fax to 1-844-528-3681.
- Applied behavioral analysis, outpatient therapy, bariatrics, pain management, podiatry and orthotics/prosthetics requests, fax to 1-855-231-8664.
- Skilled nursing/inpatient rehabilitation/long-term acute care hospital requests, fax to 1-855-225-9940.
- For other prior authorization requests, call 1-800-454-3730 or fax this form to 1-800-964-3627.

To prevent a delay in processing, please complete this form in its entirety and submit all clinical information to support your request.

Today's date: **Provider return fax**: **Provider return phone:**

Member information		
First name:	Last name:	Member ID:
Address:	City, state, ZIP:	
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:	
Specialty:		

Servicing provider ☐ **Participating** ☐ **Nonparticipating**		
Full name:		
NPI:	Provider ID:	TIN:
Office contact name:	Office phone:	Office fax:
Address:	City, state, ZIP:	
Specialty:		

Servicing facility ☐ **Participating** ☐ **Nonparticipating**		
Full name:		
NPI:	Provider ID:	TIN:
Facility contact name:	Facility phone:	Facility fax:
Address:	City, state, ZIP:	

Requested service	**Date/date range of service:** _____
ICD-10 code(s):	
CPT code(s) (include requested units):	
Number of visits required:	

Type of service (check all that apply): ☐ Outpatient ☐ Planned inpatient ☐ Emergent inpatient ☐ Skilled nursing facility ☐ Hospice ☐ Long-term services and supports/long-term care ☐ Home Health ☐ Durable medical equipment ☐ Other: _____

Place of service: ☐ Hospital ☐ Ambulatory Surgery Center ☐ Office ☐ Home ☐ Independent lab ☐ Nursing facility ☐ other_____

Additional information: _____

If this is a request for extension or modification of an existing authorization please provide the authorization number. _____

☐ **Emergent/urgent:** Use for all nonelective INPATIENT admissions or OUTPATIENT services only when the provider indicates that the services was urgent, emergent or expedited. Limited to instances where authorization decisions could seriously jeopardize the enrollee's life or health, or ability to attain, maintain, or regain maximum function.

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