



Amerigroup Therapy Request Form

Return by fax to **1-844-756-4608**.

If submitting request via our provider website, attach with clinical information.

Member information

Member name:		Date of birth:	Phone number:
Medicaid/CHIP ID number:		Amerigroup member ID number:	
Diagnosis code(s):			Date of onset:
Date of therapy evaluation or re-evaluation	Physical therapy (PT):	Occupational therapy (OT):	Speech therapy (ST):
Place of service: <input type="checkbox"/> Office — 11 <input type="checkbox"/> Patient home — 12 <input type="checkbox"/> Outpatient hospital — 22 <input type="checkbox"/> Other: <input type="checkbox"/> Comprehensive outpatient rehabilitation facility — 62			

Therapy provider information

Name:		Contact name:	
Amerigroup member ID number:	NPI:	Texas Provider Identifier (TPI) number:	
Phone number:	Fax number:		
Is member receiving the same type of therapy services from another provider or school now or in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate provider/school/early intervention specialist name and include service, diagnosis, frequency and duration:		

Ordering physician information

A physician order must accompany every request. Accepted physician orders include facility discharge orders, written orders, verbal orders and electronic orders.

In-network ordering physician name:		Date of last visit:
Ordering physician phone number:	Ordering physician fax:	
Ordering physician NPI:	Ordering physician TPI number:	
If ordering physician is out-of-network, indicate reason:		

Therapy service request is: Initial Ongoing services Acute ≤ 60 days Developmental delay (DD) ≤ 90 days

	CPT/CMS code and applicable modifiers	Frequency (either per week or per month)	Number of visits requested	Dates of service (no earlier than the fax date)
PT				
OT				
ST				
ST DD	Has member had a hearing test? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the results were: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Year completed:
	For an abnormal hearing test, description of physician treatment plan:			

DD/anomalies for PT/OT/ST: For initial and ongoing services, provide standardized test scores every six months.

Standardized test used:	Standardized scores:
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For all ongoing therapy requests, the following information must be included.

Overall percentage of goals met to date:	Anticipated date that therapy treatment plan will be completed:
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- Attendance record with date and duration of each session must be included in the clinical information and is submitted.
- Barriers for meeting goals or attending regular sessions are included in the clinical information.
- Update on progression of home exercise program is included in the clinical information.

This request is not a guarantee of payment. All services are subject to any and all plan provisions, limitations and patient eligibility at the time services are rendered.

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.