Amerigroup RealSolutions in healthcare

Amerigroup STAR+PLUS MMP
(Medicare-Medicaid Plan)

STAR+PLUS PROGRAM
Your Health Plan ■ Your Choice
MMP

Precertification request

Phone: 1-855-878-1785 **Fax:** 1-888-235-8468

Today's date_____	**Provider return fax #**_____	
Member information (please verify eligibility prior to rendering service)		
Name (last name, first name): Date of birth:	Amerigroup #:	
Address:		City, State ZIP code:
Medicaid #:	Medicare #:	Other insurance/Workers' Comp:
Referring provider information		
Name:	Office contact name	
Medicaid provider # NPI #:	Amerigroup #:	Group practice #:
Phone #:	Fax #:	Other phone #:
Specialist consult		
Consultant: *(last name, first name, provider specialty)*		
Amerigroup provider#: NPI #:	Phone #:	Fax #:
Address:	City, State ZIP code:	
ICD-10 code/diagnosis/reason for referral:		
PMH/previous studies/treatment:		
Number of visits required:		
Maternity care		
For initial notification of pregnancy, please use the maternity notification form. For all other services related to pregnancy, please use this form (e.g., ultrasound, fetal non-stress test).		
Diagnostic study		
Facility name:	Date of service:	
Diagnosis/reason for referral:		
Procedure/CPT-4 code:		
PMH/previous studies/treatments:		
Surgery request		
Surgeon's full name: *(last name, first name)*	Date of service: ____☐ Inpt___☐ Outpt ☐ Ext stay	
Facility name:		
Diagnosis/reason for surgery:		
Procedure/CPT-4 code:		
PMH/previous studies/treatments:		
Other - clinical information needed		
☐Durable medical equipment ☐Home health ☐Hospice ☐Other		
Referred to provider: *(last name, first name)* NPI #:	Amerigroup provider#:	
Diagnosis/reason for referral:		
Procedure/CPT-4 code:		
PMH/previous studies/treatments:		
Place of service: ☐ Office ☐ Home☐Outpatient hospital ☐ Inpatient hospital ☐ Other		
Please attach clinical information to support medical necessity: this referral is valid only for services authorized by this form. Only completed referrals will be processed. If the consultant/provider recommends another service or surgery, additional authorization is required. Certification does not guarantee that benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions.		
To be completed by Amerigroup: Date approved:		
Date span:	Reference #:	Initials of approver:

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.