



## ***Nursing Facility Therapy Preauthorization Request Form***

- Medicaid Goal Directed Therapy (GDT) fax: 1-844-206-3445  
 Medicare-Medicaid Plan (MMP) Part B fax: 1-888-235-8468 or 1-866-959-1537

**Important note:** Faxing to an incorrect number may result in delay of receipt of authorization.

Number of pages faxed: \_\_\_\_\_

### Provider information

Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Amerigroup provider ID: \_\_\_\_\_  
 NPI number: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Fax number: \_\_\_\_\_  
 Place of service: \_\_\_\_\_

### Member information

Name: \_\_\_\_\_  
 Amerigroup ID number: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 DX/ICD-10 code(s): \_\_\_\_\_

### Ordering physician information

Name: \_\_\_\_\_  
 NPI number: \_\_\_\_\_

Services requested: <input type="checkbox"/> Initial request <input type="checkbox"/> Ongoing services				
	Frequency	Dates of service	No. of visits requested	CPT/modifier(s) + HCFA code(s)
<input type="checkbox"/> PT				
<input type="checkbox"/> OT				
<input type="checkbox"/> ST				

**Please include a therapy evaluation, a physician’s order and all applicable billing CPT codes on all requests. Requests to continue therapy should include clinical update/progress toward goals and any applicable standardized test scores for additional visits.**

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.

**<https://providers.amerigroup.com>**

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