

Prior Authorization Forms

Precertification Request –

https://providers.amerigroup.com/ProviderDocuments/TXTX_CAID_PrecertRequestForm.pdf

Texas Standard Prior Authorization Request Form –

https://providers.amerigroup.com/ProviderDocuments/TXTX_StandardPARequestForm.pdf

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) Precertification Request –

https://providers.amerigroup.com/ProviderDocuments/TXTX_MMP_PreCertForm.pdf

Therapy Request Form –

https://providers.amerigroup.com/ProviderDocuments/TXTX_CAID_PA_TherapyRequestForm.pdf

Amerigroup Non-Emergency Ambulance Prior Authorization Request –

https://providers.amerigroup.com/ProviderDocuments/TXTX_CAID_NonemergAmbulancePARequest.pdf

Amerigroup Nonemergency Ambulance Exception Form –

https://providers.amerigroup.com/ProviderDocuments/TXTX_CAID_NonemergAmbulanceExceptionReq.pdf

Mental Health Targeted Case Management and Mental Health Rehabilitative Services Request Instructions: Chapter 15.2 –

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/15-2.doc>

Mental Health Targeted Case Management and Mental Health Rehabilitative Services Request Instructions: Chapter 15.4 –

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/15-4.pdf>

Behavioral Health Initial Review Form for Inpatient, Residential Treatment Center, Partial Hospital Program and Intensive Outpatient Program –

https://providers.amerigroup.com/ProviderDocuments/TXTX_CAID_BH_InitialReviewFormResidentTreatCentPartHostProgramIOP.pdf

Behavioral Health Concurrent Review Form for Inpatient, Residential Treatment Center, Partial Hospital Program and Intensive Outpatient Program –

https://providers.amerigroup.com/ProviderDocuments/TXTX_CAID_BH_ConcurrentReviewFormResidentTreatCentPartHostProgramIOP.pdf

<https://providers.amerigroup.com>

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) Behavioral Health Inpatient Initial Review Form —

https://providers.amerigroup.com/ProviderDocuments/TXTX_MMP_BH_InpatientInitialReviewForm.pdf

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) Outpatient Treatment Form —

https://providers.amerigroup.com/ProviderDocuments/TXTX_MMP_BH_OutpatientTreatmentForm.pdf

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) Behavioral Health Concurrent Review Fax Form —

https://providers.amerigroup.com/ProviderDocuments/TXTX_MMP_BH_ConcurrentReviewForm.pdf

Pharmacy Prior Authorization Forms —

<https://providers.amerigroup.com/Pages/tx-prior-authorization-forms.aspx>

Pharmacy Prior Authorization Form for Medical Injectables —

https://providers.amerigroup.com/ProviderDocuments/TXTX_MedicalInjectablesPAForms.pdf

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) Prior Authorization Form for Medical Injectables —

https://providers.amerigroup.com/ProviderDocuments/TXTX_MMP_MedInjectablesPAForm.pdf