

Precertification Request

Amerigroup District of Columbia, Inc. prior authorization (PA) phone number: **800-454-3730** and PA fax number: **800-964-3627**; Physical Health PA fax: **844-495-4421**; Behavior Health PA fax: **844-451-2829**. You can also submit and track your precertification request in Availity* by logging on to www.Availity.com. To prevent delay in processing your request, please fill in forms in their entirety with all applicable information.

Today's date:		Provider return fax:	
Enrollee information			
First name:		Last name:	Amerigroup enrollee ID:
Address:		City, State ZIP code:	
DOB:		Contact phone:	
Additional enrollee information:			
Referring provider <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating			
Full name:			
NPI:	Provider ID:	Tax ID number (TIN):	
Office contact name:		Office phone:	Office fax:
Address:		City, State ZIP code:	
Specialty:			
Servicing provider <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating			
Full name:			
NPI:	Provider ID:	TIN:	
Office contact name:		Office phone:	Office fax:
Address:		City, State ZIP code:	
Specialty:			
Servicing facility <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating			
Name:			
NPI:	Provider ID:	TIN:	
Facility contact name:		Facility phone:	Facility fax:
Address:		City, State ZIP code:	
Requested service (for type of service, check all that apply)		Date/date range of service:	
ICD-10 code(s):			
CPT® code(s) (include requested units):			
Type of service: <input type="checkbox"/> Outpatient <input type="checkbox"/> Planned inpatient <input type="checkbox"/> Emergent inpatient <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Long-term services and supports/long-term care <input type="checkbox"/> Home health <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Diagnostic study <input type="checkbox"/> Hospice <input type="checkbox"/> Office visit <input type="checkbox"/> Personal care services <input type="checkbox"/> Other:			
Place of service: <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Independent lab <input type="checkbox"/> Nursing facility <input type="checkbox"/> Other:			
Additional information:			

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Amerigroup, provide the authorization number with your submission.

Emergent – use for **all** nonelective **inpatient** admissions only, when provider indicates that the admission was urgent, emergent, or expedited (for admission on same day).

Urgent – use for **outpatient** services only, when provider indicates that the service is urgent, emergent, or expedited.