

***Provider Notification Request Form for Place of Service:
12 (Home)***

**Applies to CPT® codes: 99601/99602 — Home infusion skilled nursing visit
97597 — Wound debridement
S9127 — Social work visit**

Fax: 800-964-3627; Phone: 800-454-3730

This form should only be used for those services listed above.

To prevent delay in processing your request, please fill out form in its entirety with all applicable information.

Note: Prior notification is defined as, prior to rendering covered medical services to a member, the provider must notify Amerigroup Community Care by telephone, fax, or the provider website of the intent to do so. There is no review against medical necessity criteria. However, member eligibility and provider status (network and non-network) are verified.

Member information	
Full name:	
Amerigroup member ID:	
Address:	
City, state, ZIP code:	
DOB:	
Contact phone:	
Additional member information:	

Referring 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 provider				
Full name:				
NPI:		Provider ID:		TIN:
Office contact name:				
Address:				
City, state, ZIP code:				
Specialty:				

Requested service (For type of service, check all that apply):			
Date/date range of service:	From:		To:
ICD-10 code(s):			
CPT code(s):			

Disclaimer: Authorization is based on verification of member eligibility and benefit coverage at the time of service and is subject to Amerigroup claims payment policy procedures.