Amerigroup

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Attestation of Enhanced Respiratory Care Bed Availability

Prior to authorizing reimbursement for enhanced respiratory care (ERC) services, the nursing facility must demonstrate that they have an available bed licensed by the Tennessee Department of Health (TDH) specifically for the provision of ventilator weaning, chronic ventilator care or tracheal suctioning. The facility must also demonstrate that authorizing an ERC service for a member would not cause the facility to exceed the number of beds licensed for such specialized ERC on any given day.

I attest that this facility has an available bed licensed by the TDH specifically for the provision of one of the above services. Please check the specific service being provided. This form must be completed in its entirety and submitted with any authorization request for ERC services. Failure to do so will delay the authorization process. Please be advised that there must also be an approved *Pre-Admission Evaluation* form on file for the specific service.

Member name: _____	Amerigroup Community Care member ID number: _____
Facility name: _____	Amerigroup provider ID number: _____
☐ 31899 subacute tracheal suctioning	☐ 31899SC secretion management tracheal suctioning
☐ 94004SC ventilator weaning	☐ 94004 chronic ventilator care

Printed name: _____ Date: __/__/____

Signature: _____ Date: __/__/____