

## ***Exception to Rule/Limitation Extension Request Form***

**Request for an exception to rule (ETR) or limitation extension (LE) (Apple Health only):**

- Requests may be submitted with a prior authorization request or after an authorization request has been administratively denied as a noncovered service or exhausted benefit.
- For administrative denials, submit your request in writing within 60 days of the denial.
- Requests must provide member-specific information and documentation that demonstrates there is no equally effective, less costly covered service or equipment that will meet the needs of the member.
- Please call Member Services to verify eligibility and benefits at 1-800-600-4441.
- Requests may be sent to Amerigroup Washington, Inc. by fax at 1-855-231-8664.

Member information			
<b>First name:</b>		<b>Last name:</b>	
<b>Amerigroup ID:</b>		<b>Phone number:</b>	
<b>Address:</b>		<b>Date of birth:</b>	
Referring provider information			
<b>NPI number:</b>		<b>TIN number:</b>	
<b>First name:</b>		<b>Last name:</b>	
<b>Facility name:</b>		<b>Phone number:</b>	
<b>Fax number:</b>		<b>Denial date:</b>	
<b>Reference number:</b>		<b>Diagnosis/ ICD-10-CM code</b>	
<b>Service(s) being requested:</b>			
<b>Address:</b>			
Servicing provider information			
<b>NPI number:</b>		<b>TIN number:</b>	
<b>First name:</b>		<b>Last name:</b>	
<b>Facility name</b>		<b>Phone number:</b>	
<b>Fax number:</b>		<b>CPT® codes:</b>	
<b>Address:</b>			
Servicing facility information			
<b>NPI number:</b>		<b>TIN number:</b>	
<b>Facility name:</b>		<b>Address:</b>	
<b>Fax number:</b>		<b>Phone number:</b>	
To be completed by ordering provider on a separate attachment: <ul style="list-style-type: none"> <li>• Describe why this patient is clinically/medically unique from others with a similar condition and why the ETR or LE should be granted.</li> <li>• Describe alternative treatment(s) that have been tried and the outcome(s).</li> </ul>			