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Washington Prior Authorization Form

Fax numbers:

- Home Health, home infusion and durable medical equipment requests: 1-844-528-3681
- Applied behavioral analysis, outpatient behavioral health: 1-844-887-6357
- Outpatient therapy, bariatric, pain management, podiatry and orthotics/prosthetics requests: 1-855-231-8664
- Skilled nursing, inpatient rehabilitation, long-term acute care hospital requests: 1-855-225-9940
- Other precertification requests: 1-800-964-3627 (or call 1-800-454-3730 for information)

☐ **Emergent/urgent:** Use for all non-elective **inpatient** admissions or **outpatient** services only when the service was urgent, emergent or expedited. This is limited to instances where authorization decisions could seriously jeopardize the enrollee's life or health, or ability to attain, maintain or regain maximum function.

To prevent a delay in processing, please complete this form in its entirety and submit all clinical information to support your request.

Today's date:	**Provider return fax:**		**Provider return phone:**
Member information			
First name:	Last name:		Member ID:
DOB:		Contact phone:	
Address:		City, state ZIP:	
Additional member information:			
Referring provider	☐ **Participating**	☐ **Nonparticipating**	
Full name:		Specialty:	
NPI:	TIN:		Provider ID:
Contact name:	Office phone:		Office fax:
Address:		City, state ZIP:	
Servicing provider	☐ **Participating**	☐ **Nonparticipating**	
Full name:		Specialty:	
NPI:	TIN:		Provider ID:
Contact name:	Office phone:		Office fax:
Address:		City, state ZIP:	
Servicing facility	☐ **Participating**	☐ **Nonparticipating**	
Name:			
NPI:	TIN:		Provider ID:
Contact name:	Facility phone:		Facility fax:
Address:		City, state ZIP:	
Requested service			
Date/date range of service:		**Number of visits required:**	
ICD-10 code(s):			
CPT codes and units requested:			
For outpatient therapy, the number of *units* used on current authorization:			
For outpatient therapy, the date of the member's last session:			

Type of service ☐ Diagnostic study ☐ DME ☐ Home health ☐ Hospice ☐ Inpatient

(Check all that apply.): ☐ LTC/LTSS ☐ Observation extension ☐ Office visit ☐ Outpatient ☐ Personal care services ☐ Skilled nursing facility ☐ Other:

Place of service: ☐ Ambulatory surgery ☐ Home ☐ Hospital ☐ Independent lab ☐ Nursing facility ☐ Office ☐ Other:

Additional information:

If this is a request for extension or modification of an existing authorization, provide the authorization number:

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