

Date: October 23, 2017

New prior authorization submission reference forms

AmeriHealth Caritas Iowa has two new forms providers may reference to help them submit the appropriate information when they request prior authorizations for home health services and inpatient services. The forms are:

- [Prior Authorization Submission Reference for Home Health Services.](#)
- [Prior Authorization Submission Reference for Inpatient Services.](#)

Referring to these prior authorization submission reference forms is voluntary, but recommended.

Both forms are located in the **Providers** section, then [Forms](#), then **Prior Authorizations** at www.amerihhealthcaritasia.com. The forms are also located next to the inpatient services and home-based-services listings under **Physical health services that require prior authorization** section on the [Physical Health Prior Authorizations](#) web page.

Get help

For questions about the prior authorization submission reference forms and other physical health topics, please contact our Utilization Management team at **1-844-411-0604**, 8:30 a.m. to 5 p.m., Monday through Friday. You can also contact your [Provider Network Account Executive](#) or Provider Services at **1-844-411-0579**.

For a complete list of our provider notifications, view the [latest provider updates](#).