

Ig replacement therapy prior authorization checklist

- ☐ Copies of the front and back of all of the patient's medical insurance and prescription benefit cards.
- ☐ Health insurance plan's prior authorization form.
 - ☐ Use only forms specific to the patient's health insurance plan.
 - ☐ **Do not leave any areas blank.** Fill in "Not Available" as necessary to avoid rejection for being incomplete.
- ☐ Specialty pharmacy referral for service form.
- ☐ Patient's medical records with initial history, diagnosis code (ICD-10), and diagnostic information, including labs.
 - ☐ Pre-treatment quantitative IgG, IgA, and IgM serum levels (drawn on two different occasions when available).
 - ☐ Quantitative pre- and post-vaccine antibody levels to vaccine antigens AND documentation of vaccine administration date. Accepted vaccine antigens include tetanus, pneumococcal polysaccharide (Pneumovax), or *Haemophilus influenzae* type B (HIB). HIB may not be applicable to adults (requirements are changing).
- ☐ History & physical exam (H&P) and progress notes (within the past 6 months), including treatment plan.
- ☐ Procedure codes (CPT or J code).
- ☐ Letter of medical necessity from the prescribing physician.

Save copies of all forms and information submitted to the insurance plan in case you need to reference it in the future.

