

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.



7550 Teague Road, Suite 220 | Hanover, MD 21076
www.primaryimmune.org | info@primaryimmune.org | 410.321.6647