Fax completed form to **888.647.6152**
Questions? Call our Provider Helpline at 800.942.4765.

Priority Health

Home infusion prior authorization form

This process doesn't replace medication authorizations that require prior authorization through the pharmacy department.

This form is for out-of-network providers only. In-network providers must use GuidingCare.

Expedited / Urgent – By checking this box, I attest that applying the standard timeframe could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Member information

Last name		First name	
Priority Health ID#		Date of birth	
ICD 10 Dx		Auth start	Auth end
Type of request	New Request	Continuation of Auth # ________________	Retro Request

Requested by

Ordering physician		Provider Tax ID #	
Provider NPI		Contact name	
Phone		Fax	
Address			

Directed to

Infusion company		Tax ID # *- required*	
Phone		Fax	
Contact name			
Address			

Medication / solution / per diem requested	**HCPCS code** *– required*

RN visits provided by home infusion provider? Yes No
Total RN requested (3 to teach and then 1 weekly) = ________________

Additional information

Print

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