

# Authorization Form

## IV Infusion Services

Fax Form To: Attn: Home Health Care

Grand Rapids/Traverse City/Holland 616 975-8885

Farmington Hills 800 289-6744 or 888 647-6152



Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis/Condition: \_\_\_\_\_

### Request is for services on a clinical pathway:

Post Orthopedic Pain Management – 3 RN in 3 days \_\_\_\_\_ Dose: \_\_\_\_\_

IVABX - 3 RN in 2 weeks with intent to teach \_\_\_\_\_ Dose: \_\_\_\_\_

### Request is for services not on a clinical pathway:

IV Solution (list) \_\_\_\_\_ Dose: \_\_\_\_\_

IV Antibiotic (list) \_\_\_\_\_ Dose: \_\_\_\_\_

Other (list) \_\_\_\_\_ Dose: \_\_\_\_\_

RN visits required for cath care? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number of visits: \_\_\_\_\_

RN visits required for teaching? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number of visits: \_\_\_\_\_

Provider of RN care: \_\_\_\_\_

Duration of treatment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Please note: This process does not replace medication authorizations that require prior authorization through the pharmacy department.**

### Request for visits beyond those indicated on the clinical pathway above require prior approval:

- For members whose home health care is part of hospital discharge planning, please contact the inpatient case manager for that facility.
- For all other members, contact the Priority Health Utilization Specialist.
  - For Grand Rapids/Traverse City/Holland call 616 464-8933
  - For Farmington Hills call 248 324-2782

### Requesting Physician Information:

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

\_\_\_\_\_ Date of Request: \_\_\_\_\_

### Requesting IV Infusion Provider Information:

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_

### Authorization Process for Home Care Services:

Vendor receives an order for home care therapy. Vendor will complete this authorization form and fax it to 616 975-8885. Include a call back number and contact name.

Authorization confirmation will be available within 48 hours via Auth Inquiry in the online Provider Center at [priorityhealth.com](http://priorityhealth.com). Once logged in to the Provider Center, select Auth Inquiry from the tools on the right. Need a login for our Provider Center? Contact the Provider Helpline at 800 942-4765.

Clinical pathway diagnosis and visits will be auto approved. For requests that do not have a diagnosis on a clinical pathway, an RN will respond via telephone within 24 hours to determine the need and criteria. If the matter is urgent, please notify the Case Manager of this. An RN will respond by the end of the day. If additional visits are required beyond what is allocated in the clinical pathway, a request for additional visits will be required prior to approving.

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