



South Carolina

BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association

Dialysis Erythropoietin (EPO) Appeal Request Form: Medical Necessity Dosage Given

Note: You must complete a separate appeal request form for each claim you appeal.

Patient's Name:	
Patient's ID #:	
Patient's DOB:	

Claim Number:	
Date(s) of Service:	
Provider's Name:	

Provide the EPO doses, HCT level, dose changes and reasons for changes for no less than the four-week period of time prior to the EPO dates of service on the claim you appealed:

Date(s) of Service	HCT Level and Date Tested	EPO Dose and Date	% Reduction in Prior Dose	Reason for Dose Adjustment (Why was it held, decreased, etc.)

EPO claims and dates appealed (include all doses given, HCT levels, any changes in dose and the reason behind the adjustments):

Date(s) of Service	HCT Level and Date Tested	EPO Dose and Date	% Reduction in Prior Dose	Reason for Dose Adjustment (Why was it held, decreased, etc.)

Additional medical history or information to support EPO dose administered?

Iron levels during above EPO administration dates: _____

Supplemental iron administration? Dates? Route? _____

Inpatient hospitalization during appealed EPO claims above? Explain: _____

Fistula/Graft problems? Explain: _____

Appeal requested by:

Print Name

Signature

Practice Name

Date