

Hemodialysis Treatment for ESRD Post Service - Information Request Form

Blue Cross NC will review associated claim(s) for services rendered on the patient listed below. In order to determine benefits are available for the reported condition, please answer the questions below. If you would prefer to send medical records, relating to the condition for the dates listed you may do so. In this case, all answers must be supported by documentation in the patient's medical record.

Please submit the completed form to Blue Cross NC per the Medical Record Submission instructions found on the bcbsnc.com provider site

(https://www.bcbsnc.com/assets/providers/public/pdfs/submissions/how_to_submit_provider_initiated_medical_records.pdf) or if requested by Blue Cross NC via a bar-coded coversheet, please fax the form/medical records to the number noted on the bar-coded cover sheet within 7-10 days to facilitate the claim payment.

This form must be filled out by the patient's physician or their designee which may be any of the following: Physician Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), or Licensed Practical Nurse (LPN).

Note: Credentials must be provided with signature or the form will be returned.

PROVIDER INFORMATION

| Requesting Provider Information | | Place of Service | |
|---------------------------------|--|------------------|--|
| Provider Name | | Facility Name | |
| Provider ID | | Facility ID | |

PATIENT INFORMATION

| | |
|---------------------|------------------------------|
| Patient Name: _____ | Patient DOB : _____ |
| Patient ID: _____ | Patient Account Number _____ |

CLAIM INFORMATION

| | | |
|--------------------------|-----------|-----------------|
| Date(s) of Service _____ | CPT _____ | Diagnosis _____ |
|--------------------------|-----------|-----------------|

CLINICAL INFORMATION

1. Is an extra dialysis session necessary due to a potassium level greater than 6 meq per liter, a rapidly rising potassium, or evidence of significant muscle damage such as elevated creatine phosphokinase? Please indicate all applicable reasons
 - Marked daily weight gain in excess of 5 pounds per day _____
 - Evidence that volume loads cannot be reduced by other alternative means such as ultrafiltration _____
 - Marked generalized edema _____
 - New onset or worsening signs & symptoms of congestive heart failure _____
 - Pulmonary edema (demonstrated by abnormal blood gases, hypoxemia, chest x-ray findings or physician examination) which responds positively to fluid removal (improves with dialysis) _____
2. Is an extra dialysis session due to a severe catabolic state in which the creatinine has risen rapidly, for example faster than 3-4 mg/dl per day and may be associated with hyperkalemia? _____ Are muscle enzymes elevated? _____
3. Are extra dialysis sessions necessary due to:
 - Being hemodynamically unstable (e.g. with pulmonary hypertension or other cardiac dysfunction, where there is a narrow window between hypotension and volume overload)? _____
 - Having recurring episodes of hypotension or cramping, despite appropriate adjustment of target weight? _____

SIGNATURE

I certify that I have answered the questions above accurately and that my responses are supported by documentation in the patient's medical record. I understand that Blue Cross NC may at any time request medical records on this patient in order to validate my responses. If I am not the Patient's physician, I certify that I have explicit, delegated authority from the Patient's physician to provide these responses. I further understand that if I do not want to answer the questions provided, I may submit medical records for the above referenced patient relating to the service for the date listed above.

Signature: _____

Print Name: _____

Professional Degree: _____

Name of Patient's Physician (if signature above is not the patient's physician): _____

Date: _____