ESA Coverage Determination

HEALTHSPRING
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bravo HEALTH
a HEALTHSPRING company

For HealthSpring Coverage Determinations please fax requests to: 866-845-7267
For Bravo Health Coverage Determinations please fax requests to: 866-464-0709

Office Contact:	**Provider Specialty:**
Provider First Name:	**Provider Last Name:**
Provider Phone:	**Provider Fax:**

Provider Address:

License Number:	**DEA Number:**	**NPI Number:**

Member Name:

Member Address:

Member Phone:(H)	**(C)**
Member ID:	**DOB:**

Rx		**Prescription Information**	
Drug:	**Dosage:**	**Frequency:**	**Quantity:**
□ **Brand** □ **Generic**	□ **New Medication**	□ **Continuation (Provide Start Date)**	**Refills:**

Select Diagnosis:

_____ **[285.22] Chemotherapy-induced anemia due to non-myeloid malignancy**
List the non-myeloid diagnosis and:_____
List the duration the patient will undergo chemotherapy: _____

_____ **[585.1] CKD, Stage I**
_____ **[585.2] CKD, Stage II**
_____ **[585.3] CKD, Stage III**
_____ **[585.4] CKD, Stage IV**
_____ **[585.5] CKD, Stage V**
_____ **[585.6] ESRD, requiring dialysis**

_____ **Other*** _____
*(Attach to request: Justification for the use of this medication and supportive documentation.)

Date labs drawn: _____ List Hematocrit: _____ List serum ferritin: _____

List weight in Kg: _____ List Hemoglobin: _____ List transferrin saturation: _____

Administration Site: Patient's home: _____ Home infusion: _____ Skilled nursing: _____
Physician's office: _____ Long Term Care:_____ Other: _____

Drug Supplied By: **Pharmacy:** ☐ **Physician's supply:** ☐ **Other:** _____

Additional information must be submitted to support medical necessity.

☐ ***Request for expedited review[24 hours]. By checking this box, I certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function***

Provider Signature: **Date:**

*For specialty medications, I authorize HealthSpring as my designated agent to forward the above prescription to the preferred specialty pharmacy