

CareIG Specialty Pharmacy — Appeal Letter

DATE: 03/23/2026

TO: BlueCrest Commercial PPO Appeals Department
appeals@bluecrest-health.com

FROM: CareIG Specialty Pharmacy | NPI: 1234567893 | Tax ID: 47-3821056

APPEAL LEVEL: 1

PATIENT & CLAIM DETAILS

Patient: Holloway, Margaret

Member ID: BCR-00184523

DOS: 12/09/2025

Claim Reference #: CLM-REF-20251215-6612

CARC: PI-204 – Not medically necessary

Total Billed: \$5,840.00

APPEAL LETTER

Dear Appeals Department,

CareIG Specialty Pharmacy submits this Level 1 appeal for **Margaret Holloway**. The claim was denied with CARC **PI-204: Not medically necessary**.

Basis for Appeal:

PA #**BCR-PA-2025-7204** was approved for **Octagam 10% 40g**, effective **07/01/2025** through **12/31/2025**. The service on **12/09/2025** is consistent with the approved authorization and ICD-10 **D83.9** (CVID, unspecified).

The service is medically necessary per the attached Letter of Medical Necessity, IgG lab result confirming diagnosis D83.9 (CVID), and physician progress note. The administered drug, dose, and diagnosis are fully consistent with the approved prior authorization.

Sincerely,

Diane Okafor, Billing Specialist

CareIG Specialty Pharmacy