

General Surgery Reconsideration Document for Tiering 2019 & 2020

Practice Name _____

Contact Name _____

Practice Billing NPI _____

Contact Phone _____

Practice Location _____

Contact Email _____

QUALITY

Potentially Avoidable Complications

- Cholecystectomy
- Colonoscopy
- Colon Resection

Please submit rationale for each request for reconsideration of potentially avoidable complications:

PAC –cholecystectomy, colonoscopy, colon resection	Complication type (anemia, infection etc.)	Patient Name	Patient ID	Rationale why not appropriate

Registry Attestation

Hospital Utilizing NSQIP, NCQA Recognition: PCSP	Rationale for not submitting Attestation previously requested

COST Please submit any reason you feel data not appropriate and rationale:

Issue	Rationale why not appropriate/accurate

ROWDMAP Please submit any reason you feel data not appropriate and rationale:

Issue	rationale why not appropriate/accurate

Completed Reconsideration Document should be sent to the Tiered Network via email at tierednetwork@bcbsnc.com, fax (919-287-5491) or by mail: Tiered Network /reconsiderations, BCBSNC, P.O. Box 2291, Durham NC 27702-2291. Once all data is received, reconsiderations will be processed in 45 days. Please check reconsideration notification preference: Email (Address): _____ or Letter