

Gastroenterology Reconsideration Document for Tiering 2019 & 2020

Practice Name _____

Contact Name _____

Practice Billing NPI _____

Contact Phone _____

Practice Location _____

Contact Email _____

QUALITY: Potentially Avoidable Complications:

- GERD
- Colonoscopy

Please submit Rationale for each request for reconsideration of potentially avoidable complications (PAC): *Attach another page if indicated*

PAC –GERD, Colonoscopy	complication type (anemia, infection etc.)	patient name	patient ID	rationale why not appropriate

Registry Attestation or Endoscopy Center

Registry (GIQuic, AGA, Hospital Based, NCQA Recognition: PCSP)	% of doctors in practice utilizing registry (must be 80% or greater)	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 fax (919-287-5491), email tierednetwork@bcbsnc.com 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.