

**CODING POLICY  
RECONSIDERATION  
REQUEST FORM**



**PacificSource Health Plans**  
**Attn: Claims Manager**  
**PO Box 7068**  
**Eugene, OR 97401**  
**FAX: 541.344.2897**

**INFORMATION AND INSTRUCTIONS**

Providers may request reconsideration of a PacificSource code editing policy by completing and submitting this form. For example, you may request reconsideration for policies pertaining to:

- Mutually exclusive services
- Bundled or incidental services
- Modifier validity
- Pre- or post-op visits within the global period
- Assistant surgeon necessity

This form should only be used to request reconsideration of a coding policy. It is not intended to be used to request reconsideration of adjudication of payment, benefit information, or information regarding a specific claim. This form is usually submitted after a provider has already requested numerous claim reconsiderations related to our code editing policy. However, policy reconsideration may be requested prior to any claims being submitted. This policy reconsideration process does **not** apply to medical policies or benefit determinations.

**GENERAL INFORMATION**

Provider's last name:	First name:	M.I.:	Date:
Address:			
Phone number:		E-mail address:	

**REASON FOR RECONSIDERATION REQUEST**

Relevant codes or code combinations:

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Information about related claims that have been denied:

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Brief summary of the issue:

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Explanation of why you disagree with the current policy or interpretation, including the supporting alternative information and the source where it can be found:

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(Attach additional pages if more space is needed.)

- Please include** supporting documentation from a nationally recognized industry standard source, such as:
- The American Medical Association (AMA) CPT coding guidelines and conventions
  - Local and regional Medicare policies
  - CMS's National Correct Coding Initiative (NCCI) or other nationally recognized bundling edits
  - Nationally recognized physician academy and society guidelines