



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

100 SW Market Street
PO Box 1271
Portland, OR 97201-5723

Upper Endoscopy for Gastroesophageal Reflux Disease (GERD) and Gastrointestinal (GI) Symptoms

Provider Attestation Form

Attestation is needed for timely and accurate claims processing. If unable to submit attestation pre-service using the Availity Electronic Authorization tool, fax completed form to: 1 (877) 357-3418.

Questions or Assistance: 1 (888) 849-3682

Patient Information:

Last Name	First Name	Middle Initial
UMP Identification Number		Date of Birth
Date(s) of Service		
Procedure Codes		

Upper Endoscopy for GERD and GI Symptoms is a covered benefit with conditions.

Go to www.hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews to view the entire Health Technology Assessment.

Limitations of Coverage:

Among adults with initial presenting complaints of upper GI symptoms or symptoms consistent with GERD, upper endoscopy is a covered benefit when the following conditions are met:

- Failure of adequate trial of medical treatment to improve or resolve symptoms (initial treatment indicates treatment failure), or
- Presence of alarm symptoms

Regence reserves the right to audit these claims and request medical records.

I certify that these services, for the above UMP patient, do not violate the guidelines set forth in the Health Technology Assessment for Upper Endoscopy for Gastroesophageal Reflux Disease (GERD) and Upper Gastrointestinal (GI) Symptoms.

Provider Signature

Date

Provider Name (please print)

Office Phone Number