

**Neurology Reconsideration Document for Tiering 2019 & 2020**

Practice Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Practice Billing NPI or PPN# \_\_\_\_\_

Contact Phone \_\_\_\_\_

Practice Location \_\_\_\_\_

Contact Email \_\_\_\_\_

**QUALITY: *Evidenced Based Measures***

The following information will be required to be submitted by email for each ***evidenced based medicine*** reconsideration. A template will be emailed for the reconsideration data. Please contact the Tiered Network to obtain the template.

Patient Name	Patient ID	Reconsideration Category (attribution, Screen not appropriate, Screening done)	Date of Service	Rationale	Report Enclosed?

**Registry Attestation**

Registry (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 email at [tierednetwork@bcbsnc.com](mailto: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