

Orthopedic Reconsideration Document for Tiering 2019 & 2020

Practice Name _____

Contact Name _____

Practice Billing NPI _____

Contact Phone _____

Practice Location _____

Contact Email _____

QUALITY Evidenced Based Measures:

- Imaging Studies more than 28 days after initial visit for low back pain

Please submit rationale, DOS, and copy of report as appropriate for each evidenced based medicine reconsideration category:

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

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

PAC –Knee replacement, Hip Replacement, knee Arthroscopy	Complication type (anemia, infection etc.)	Patient Name	Patient ID	Rationale why not appropriate

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 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.