How to request a peer-to-peer review with a BCN medical director

For BCN HMO℠ (commercial) and BCN Advantage℠

See below for instructions on requesting a peer-to-peer review with a BCN medical director about services for which an authorization request has been denied:

- For non-behavioral health services (Section 1)
- For behavioral health services (Section 2)

Note: The purpose of a peer-to-peer discussion of a determination on either an inpatient or outpatient authorization request is to exchange information about the clinical nuances of the member’s medical condition and the medical necessity of the services, not to talk about the InterQual criteria or BCN’s local rules. For decisions on inpatient admissions, BCN allows onsite physician advisors at contracted facilities to discuss reviews of inpatient admissions with a BCN medical director. In accordance with Blue Cross and Blue Care Network policy, facilities should initiate peer-to-peer conversations only through their employed physician advisors and not through third-party advisors or organizations.

Section 1: Non-behavioral health services

A - For inpatient non-behavioral health admissions (in hospitals, skilled nursing facilities and long-term acute care hospitals) - BCN HMO and BCN Advantage…

… and for outpatient non-behavioral health services (in offices, clinics, outpatient hospitals, and ambulatory surgery facilities) - BCN HMO only

**What to do:** Complete the Physician peer-to-peer request form (for non-behavioral health cases) and fax it to 1-866-373-9468.

Note: Refer to the Care Management chapter of the BCN Provider Manual for additional information. Look in the sections titled “Guidelines for observations and inpatient hospital admissions” and “Utilization management decisions.”

B - For outpatient non-behavioral health services - BCN Advantage only

**What to do:** Complete the Physician peer-to-peer request form (for non-behavioral health cases) and fax it to 1-866-522-7345.

Note: A request for a peer-to-peer discussion about a BCN Advantage member is initiated as a standard preservice member appeal. Refer to the BCN Advantage chapter of the BCN Provider Manual for additional information. Look in the section titled “BCN Advantage member appeals.”

Requests for peer-to-peer reviews of non-behavioral health determinations on inpatient and outpatient services must follow the guidelines listed here. A request for a non-behavioral health peer-to-peer review:

- Must be submitted within the time frame available for filing an appeal for that determination. Once the appeal time frame has expired, the provider can no longer request a peer-to-peer review.

  Note: For more information, refer to the BCN Provider Manual. See the Care Management chapter (the “Appealing utilization management decisions” section) and the BCN Advantage chapter (the “BCN Advantage provider appeals” section).

- Cannot be submitted if a provider appeal of that denial has already been submitted

  Note: Peer-to-peer reviews are available only after the initial denial of an authorization request and before a provider appeal has been submitted. If a first-level provider appeal has been denied, a second-level provider appeal may be requested. A decision on a second-level provider appeal is binding and cannot be appealed further.

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Section 1: Non-behavioral health services (continued)

Requests for peer-to-peer reviews of non-behavioral health determinations on inpatient and outpatient services must follow the guidelines listed here. (continued)

A request for a non-behavioral health peer-to-peer review:

- May be submitted only for denials based on medical necessity
  
  Note: If an authorization request was denied for administrative reasons — such as the member not being eligible or the service not being a covered benefit or someone other than the member’s assigned primary care physician was making the referral — a peer-to-peer review cannot be requested because the medical director wasn’t the person who denied the authorization request. Administrative denials must be appealed.

- Cannot be submitted for a denial of a member’s appeal or grievance
  
  Note: Peer-to-peer review requests cannot be submitted based on a decision made on a member appeal or grievance.

Section 2: Behavioral health services

A - For inpatient behavioral health admissions - BCN HMO and BCN Advantage

and for outpatient behavioral health services - BCN HMO only

What to do: Call BCN Behavioral Health at 1-877-293-2788 during normal business hours of 8 a.m. to 5 p.m. (except for holidays).

If the call is not answered by a staff member, leave a message with the following information:

- Physician advisor’s or physician’s name and phone number
- Member’s name, date of birth and contract number
- Reason for requesting a peer-to-peer review

After hours, for emergency cases only, call 1-800-482-5982.

Note: Refer to the Behavioral Health chapter of the BCN Provider Manual for additional information. Look in the section titled “Authorization for behavioral health services.”

B - For outpatient behavioral health services - BCN Advantage only

What to do: Fax the request to the BCN Advantage Appeals and Grievance unit at 1-866-522-7345 along with any pertinent clinical documentation.

Note: A request for a peer-to-peer discussion about a BCN Advantage member is initiated as a standard preservice member appeal. Refer to the BCN Advantage chapter of the BCN Provider Manual for additional information. Look in the section titled “BCN Advantage member appeals.”