

This document explains what providers need to do to request a peer-to-peer review with a Blue Cross Blue Shield of Michigan or Blue Care Network medical director about services for which a prior authorization request has been denied by Blue Cross or BCN.

The purpose of a peer-to-peer review of a determination on either an inpatient or outpatient prior authorization request is to exchange information about the clinical nuances of the member’s medical condition and the medical necessity of the services.

Note: The processes described below don’t apply to prior authorization requests denied by vendors who manage the prior authorization process for various services on behalf of Blue Cross or BCN.

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## Non-behavioral health services

Follow the instructions for the appropriate type of service and line of business.

Type of service	Lines of business	What to do
Inpatient non-behavioral health non-elective admissions — in hospitals, inpatient rehabilitation care, skilled nursing facilities and long-term acute care hospitals	All <sup>1,2</sup>	Complete the <a href="#">Physician peer-to-peer request form (for non-behavioral health cases)</a> and fax it to 1-866-373-9468 or email it to <a href="mailto:peertopeer@bcbsm.com">peertopeer@bcbsm.com</a> during the normal business hours of 8 a.m. to 5 p.m. (except for weekends and holidays). The peer-to-peer review request must be submitted within seven business days of the date the initial prior authorization request was denied. Outreach will not occur until the next business day. The peer-to-peer review will be scheduled on business days, Monday through Friday between 9 a.m. and noon or between 1 p.m. and 4 p.m. (except for holidays). (All times are Eastern time.)
Outpatient preservice non-behavioral health services — in offices, clinics, outpatient hospitals and ambulatory surgery facilities	BCN commercial	Note: For additional information about BCN commercial requests, refer to the <a href="#">Utilization Management chapter</a> of the <i>BCN Provider Manual</i> . Look in the sections titled “Guidelines for observations and inpatient hospital admissions” and “Utilization management decisions.”
Preservice elective inpatient surgical admissions requiring clinical review	BCN commercial and Blue Cross commercial	

## How to request a peer-to-peer review with a Blue Cross or BCN medical director

For Blue Cross commercial, Medicare Plus Blue<sup>SM</sup>,  
Blue Care Network commercial and BCN Advantage<sup>SM</sup>

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Type of service	Lines of business	What to do
<ul style="list-style-type: none"> <li>Outpatient preservice non-behavioral health services — in offices, clinics, outpatient hospitals and ambulatory surgery facilities</li> <li>Preservice elective inpatient admissions requiring clinical review</li> </ul>	BCN Advantage and Medicare Plus Blue	<ul style="list-style-type: none"> <li><b>For BCN Advantage:</b> Complete the <a href="#">Physician peer-to-peer request form (for non-behavioral health cases)</a> and fax it to 1-866-522-7345. Note: A request for a peer-to-peer review about a BCN Advantage member is initiated as a standard preservice member appeal. During the panel review portion of the appeal process, you'll have an opportunity to talk to a medical director. Refer to the <a href="#">BCN Advantage chapter</a> of the <i>BCN Provider Manual</i> for additional information. Look in the section titled "BCN Advantage member appeals."</li> <li><b>For Medicare Plus Blue:</b> You must initiate an appeal. To initiate an appeal, follow the instructions in the denial letter you received. In the appeal request, you must indicate that you want a peer-to-peer review. During the appeal process, you can ask to talk to a medical director at any time.</li> </ul>
Outpatient non-behavioral health services — in offices, clinics, outpatient hospitals and ambulatory surgery facilities	Blue Cross commercial	Fax the following information to 1-866-752-5756: <ul style="list-style-type: none"> <li>A fax cover sheet with the physician's name and NPI number and the patient's name</li> <li>A copy of the nonapproval letter</li> <li>A telephone number where we can reach the physician</li> <li>A minimum of three dates and times when the physician is available</li> </ul> Send the fax during the normal business hours of 8 a.m. to 5 p.m. (except for weekends and holidays). Outreach will not occur until the next business day. The peer-to-peer review will be scheduled on business days, Monday through Friday, between 6 a.m. and noon or between 1 and 5:30 p.m. (except for holidays); in some instances, we can accommodate peer-to-peer reviews between 6 and 8 p.m. (All times are Eastern time.)

<sup>1</sup>For BCN commercial, BCN Advantage and Blue Cross commercial, peer-to-peer review requests for hospital admissions must be submitted within seven business days of the date the initial prior authorization request was denied. For Medicare Plus Blue, we won't accept peer-to-peer review requests for hospital admissions. Instead, follow the two-level provider appeal process for Medicare Plus Blue. For information on that process, refer to the [Medicare Plus Blue PPO Provider Manual](#); look in the section titled "Contracted MI Provider Acute Inpatient Admission Appeals."

<sup>2</sup>For Medicare Plus Blue and BCN Advantage members in inpatient rehabilitation care, skilled nursing facilities and long-term acute care hospitals, peer-to-peer reviews are handled by naviHealth. Refer to the document titled [Post-acute care services: Frequently asked questions for providers](#). Look for the question “How can I talk to a medical director at naviHealth for a peer-to-peer review?”

## When to request a peer-to-peer review or an appeal for non-behavioral health services

The option to request a peer-to-peer review is available as follows.

Note: You can submit a request for an appeal without completing a peer-to-peer review.

For	Details
Blue Cross commercial and BCN commercial	If you want a peer-to-peer review, you must request it before submitting a provider appeal.  If Blue Cross or BCN denies a first-level provider appeal, you can request a second-level provider appeal. The decision on a second-level provider appeal is binding and final.
Medicare Plus Blue	<b>We don't accept requests for peer-to-peer reviews for Medicare Plus Blue.</b> Instead, follow the two-level provider appeal process.
BCN Advantage	If you want a peer-to-peer review, you must request it before submitting a provider appeal.  For prior authorization requests denied <b>during or after</b> a service or admission is provided, you can either request a peer-to-peer review or submit an appeal.

Note: For more information about appeals, refer to the appropriate provider manual.

## General guidelines for non-behavioral health requests

Requests for peer-to-peer reviews of non-behavioral health determinations on non-elective inpatient and outpatient services must follow these guidelines:

- Requests for peer-to-peer reviews of hospital inpatient admissions must be submitted within seven business days of the date the initial prior authorization request was denied.

Note: We won't accept peer-to-peer review requests for hospital admissions of Medicare Plus Blue members. Instead, follow the two-level provider appeal process for Medicare Plus Blue.

- Submit requests only for denials that are based on medical necessity.

Note: If a prior authorization was denied for administrative reasons — for example, if the member was not eligible, the service was not a covered benefit or someone other than the member's assigned primary care physician made the referral — a peer-to-peer review isn't possible because the medical director wasn't the person who denied the prior authorization request. You must request appeals for administrative denials.

## How to request a peer-to-peer review with a Blue Cross or BCN medical director

For Blue Cross commercial, Medicare Plus Blue<sup>SM</sup>,  
Blue Care Network commercial and BCN Advantage<sup>SM</sup>

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- Don't submit a request for a denial of a member's appeal or grievance. We don't accept requests for peer-to-peer reviews for denials related to appeals or grievances.
- When you request a peer-to-peer review using the *Physician peer-to-peer request form*, you must submit a separate form for each request. We can't accept a form that has information about more than one member. We also can't accept a form used as a face sheet with information about different members attached to it. The reason is that when you fax a form to us, we upload it to the member's case in the e-referral system along with any attachments you sent with it. If a form uploaded to one member's case has information about other members on it or attached to it, it's a violation of the Health Insurance Portability and Accountability Act.
- Don't submit clinical information after a prior authorization request is denied. Refer to the instructions in the denial letter to request a peer-to-peer review or to appeal the denial. If you request an appeal, it will no longer be possible to have a peer-to-peer review.
- If you miss or refuse to complete a peer-to-peer review with the assigned Blue Cross or BCN medical director, it won't be rescheduled. You'll have to file an appeal.

### Behavioral health services

Type of service	Lines of business	What to do / what happens
Inpatient behavioral health admissions managed by BCN	BCN commercial and BCN Advantage	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: <ul style="list-style-type: none"> <li>• Physician advisor's or physician's name and phone number</li> <li>• Member's name, date of birth and contract number</li> <li>• Reason for requesting a peer-to-peer review</li> </ul> After hours, for emergency cases only, call 1-800-482-5982. Note: Refer to the <a href="#">Behavioral Health chapter</a> of the <i>BCN Provider Manual</i> for additional information. Look in the section titled "Authorization for behavioral health services."
Outpatient behavioral health services managed by BCN	BCN commercial	
Outpatient behavioral health services managed by BCN	BCN Advantage	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 review about a BCN Advantage member is initiated as a standard preservice member appeal. Refer to the <a href="#">BCN Advantage chapter</a> of the <i>BCN Provider Manual</i> for additional information. Look in the section titled "BCN Advantage member appeals."

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Type of service	Lines of business	What to do / what happens
Behavioral health services	BCN commercial — Healthy Blue Choices <sup>SM</sup> POS only	Call Carelon Medical Benefits Management (formerly Beacon Health Options), an independent company, at 1-800-346-7651.
<ul style="list-style-type: none"> <li>Inpatient behavioral health services managed by Medicare Plus Blue</li> <li>Outpatient (intensive outpatient) behavioral health services managed by Medicare Plus Blue</li> </ul>	Medicare Plus Blue	<p>Call Behavioral Health at 1-877-293-2788 during normal business hours of 8 a.m. to 5 p.m. (except for weekends and holidays).</p> <p>If the call is not answered by a staff member, leave a message with the following information:</p> <ul style="list-style-type: none"> <li>Physician advisor's or physician's name and phone number</li> <li>Member's name, date of birth and contract number</li> <li>Reason for requesting a peer-to-peer review</li> </ul> <p>After hours, for emergency cases only, call 1-888-803-4960.</p> <p>Note: Refer to the <a href="#">Medicare Plus Blue PPO Provider Manual</a> for additional information.</p>
Behavioral health services — Blue Cross commercial requests not managed by New Directions	Blue Cross commercial	Call the number on the back of the member's ID card.
Behavioral health services — Blue Cross commercial requests managed by New Directions	Blue Cross commercial	<p>New Directions utilization management staff notify you that the prior authorization request is placed in physician review status and identifies the date and time by which the review must be completed.</p> <p>New Directions tries to schedule a time for the review; if they are unable to, they make two attempts to reach the attending physician prior to the deadline. If New Directions can't reach the attending physician, they make a determination on the prior authorization request based on the available information.</p> <p>During this process, you can call the assigned New Directions utilization management representative directly or call New Directions:</p> <ul style="list-style-type: none"> <li>Blue Cross and Blue Shield Federal Employee Program<sup>®</sup>: 1-800-342-5891</li> <li>State of Michigan: 1-866-503-3158</li> <li>GM salaried: 1-877-240-0705</li> <li>UAW Retiree Medical Benefits Trust: 1-877-228-3912</li> <li>MESSA: 1-800-336-0022</li> <li>All other groups: 1-800-762-2382</li> </ul>

New Directions<sup>®</sup> Behavioral Health is an independent company that manages authorizations for behavioral health and autism services for Blue Cross Blue Shield of Michigan members who have commercial plans.