

Physician peer-to-peer request form (for non-behavioral health cases)

For Blue Cross commercial, BCN commercial and BCN AdvantageSM requests

See the document [How to request a peer-to-peer review with a Blue Cross or BCN medical director](#) to determine when you'd need to use this form to submit a peer-to-peer review request.

1. Check the category that applies to your request:

<input type="checkbox"/> For non-behavioral health facility inpatient admissions, check one (below), then complete the form and fax it to 1-866-373-9468 or email it to peertopeer@bcbsm.com. Note: Peer-to-peer review requests will not be accepted for hospital admissions of Medicare Plus Blue SM members. For other members, peer-to-peer requests must be submitted within seven business days of the date the initial authorization request was denied. Check one: <input type="checkbox"/> Patient is still in the facility. <input type="checkbox"/> Patient has been discharged.
<input type="checkbox"/> For non-behavioral health outpatient services for BCN commercial: Complete the form and fax it to 1-866-373-9468.
<input type="checkbox"/> For non-behavioral health outpatient services for BCN Advantage: Complete the form and fax it to 1-866-522-7345.

2. Complete every field below unless otherwise noted. Enter N/A if the question does not apply to the request you're making. Ensure that all information is legible.

Incomplete and illegible submissions will be returned unprocessed.

Information about the request	
Date of submission:	
Name of person submitting the request:	
Telephone number of person submitting the request, including area code:	
Inpatient admission or service / procedure that requires discussion:	
Information about the member and subscriber	
Member's name:	
Member's date of birth:	Date of service:
Subscriber's ID / contract number:	
Case number / reference number:	
Information about the physician	
Name of physician requesting the peer-to-peer review:	
Telephone number to call to conduct the peer-to-peer review with the physician:	
Fax number of person submitting the request, to provide confirmation of receipt:	
Alternate telephone number to call to conduct the peer-to-peer review with the physician:	
List six dates and times you're available for the peer-to-peer review. Include a variety for easier scheduling:	
1.	4.
2.	5.
3.	6.