

# Physician Peer-to-Peer Request Form (for non-behavioral health cases)

For Blue Cross commercial,  
BCN commercial and BCN Advantage<sup>SM</sup> requests

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 <a href="mailto:peertopeer@bcbsm.com">peertopeer@bcbsm.com</a> . Note: Effective Jan. 4, 2021, peer-to-peer review requests will not be accepted for hospital admissions of Medicare Plus Blue <sup>SM</sup> 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 three dates and times you're available for the peer-to-peer review:	
1.	
2.	
3.	