

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

For Blue Cross commercial, Medicare Plus BlueSM,
Blue Care Network commercial and BCN AdvantageSM

Revised January 2026

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.

In this document

Non-behavioral health services	1
When to request a peer-to-peer review or an appeal for non-behavioral health services	5
General guidelines for non-behavioral health requests	5
Behavioral health services	6
Inpatient behavioral health services	6
Outpatient behavioral health services	7

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 acute care hospitals for medical and surgical admissions	All [†]	<p>For facilities in Michigan, submit requests through the e-referral system for cases with “Status 4 – Partially Approved” or “Status 5 – Partially Denied”. Choose the appropriate option in the Actions sections.</p> <p>Note: For BCN Advantage members, you can request peer-to-peer reviews for denied requests. The review won’t change the adverse determination, but it will allow the ordering or treating provider an opportunity to discuss the case with a medical director to get additional information or perspective that may be helpful when submitting a formal appeal on behalf of the member.</p> <p>Complete the questionnaire.</p> <p>Within one business day of submission, we’ll call and enter a note in the Case Communication section stating the date and time of the review or requesting additional dates and times.</p> <p>If a questionnaire doesn’t open or you have questions about the status of a request after checking the</p>

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		<p>e-referral system, send an email to ProviderInptAppealsP2PIquiry@bcbsm.com.</p> <p>For detailed information, see the “Submit an inpatient authorization” section in the e-referral User Guide.</p> <p>Note: For Blue Cross commercial, BCN commercial and BCN Advantage members, facilities outside of Michigan should submit requests for peer-to-peer reviews using the Physician Peer-to-Peer Request Form (for non-behavioral health cases). If the e-referral system is unavailable, facilities in Michigan can use that form to submit requests for peer-to-peer reviews.</p>
Inpatient non-behavioral health non-elective admissions — in inpatient rehabilitation care, skilled nursing facilities and long-term acute care hospitals	BCN commercial and Blue Cross commercial	<p>Complete the Physician peer-to-peer request form (for non-behavioral health cases) and fax it to 1-866-373-9468 or email it to peertopeer@bcbsm.com 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.)</p> <p>Note: For additional information about BCN commercial requests, refer to the Utilization Management chapter of the <i>BCN Provider Manual</i>. Look in the sections titled “Guidelines for observations and inpatient hospital admissions” and “Utilization management decisions.”</p>
Outpatient preservice non-behavioral health services — in offices, clinics, outpatient hospitals and ambulatory surgery facilities	BCN commercial	
Preservice elective inpatient surgical admissions requiring clinical review	BCN commercial and Blue Cross commercial	
Inpatient non-behavioral health non-elective admissions — in inpatient rehabilitation care, skilled nursing facilities and long-term acute care hospitals	Medicare Plus Blue and BCN Advantage	<ul style="list-style-type: none"> • For stays that start on or after Jan. 5, 2026: Peer-to-peer reviews are handled by WellSky®. Refer to the document titled Post-acute care services for Medicare Advantage members: Frequently asked questions for providers. Look for the question “How can I talk to a medical director at WellSky for a peer-to-peer review?” • For stays that started on or before Jan. 4, 2026: After making at least two outreach attempts to obtain additional information or discuss a case that doesn’t meet medical necessity criteria, Utilization Management staff will make a final intent-to-deny call to the provider before denying a prior

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		<p>authorization request. Per Centers for Medicare & Medicaid Services guidelines:</p> <ul style="list-style-type: none"> • During the call, you can request a peer-to-peer review. You'll need to provide at least three dates and times when you can meet. • We can consider information obtained during a peer-to-peer review only when the conversation takes place prior to making a determination on the prior authorization request. <p>If you aren't available to answer the intent-to-deny call, we'll leave a voicemail and enter information in the Case Communication field in the e-referral system about a peer-to-peer review. If you don't reply within two business days, the Utilization Management medical director will review the request using the information you provided previously.</p> <p>At the scheduled time for the peer-to-peer meeting, a Utilization Management medical director will reach out to you. It's important to meet at the scheduled time. If you miss the call, the medical director will leave a call-back number and hold the case until 5 p.m. If you haven't called back by 5 p.m., the medical director will make a decision using the information you provided previously.</p> <p>You can request a peer-to-peer review after we issue an adverse determination, but we can't reverse the denial — regardless of the information you provide during the meeting. Post-decision peer-to-peer reviews are for informational purposes only.</p>

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<ul style="list-style-type: none"> Outpatient preservice non-behavioral health services — in offices, clinics, outpatient hospitals and ambulatory surgery facilities Preservice elective inpatient admissions requiring clinical review 	BCN Advantage and Medicare Plus Blue	<ul style="list-style-type: none"> For BCN Advantage: 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 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 BCN Advantage chapter of the <i>BCN Provider Manual</i> for additional information. Look in the section titled "BCN Advantage member appeals." For Medicare Plus Blue: 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.
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"> A fax cover sheet with the physician's name and NPI number and the patient's name A copy of the nonapproval letter A telephone number where we can reach the physician A minimum of three dates and times when the physician is available 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.)

†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."

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	We don't accept requests for peer-to-peer reviews for Medicare Plus Blue. 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 during or after 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.

- 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

Blue Cross Behavioral HealthSM manages prior authorizations for most Blue Cross and BCN members. However:

- Behavioral health services for members with Healthy Blue ChoicesSM POS plans, call Carelon Medical Benefits Management, an independent company, at 1-800-346-7651.
- For Blue Cross commercial, see the document titled [Blue Cross Behavioral Health Utilization Management and Care Management Opt-outs](#) to see a list of the groups for which mental health and substance use disorder services aren't managed by Blue Cross Behavioral Health. Call the number on the back of the member's ID card for information about their behavioral health benefits.

Inpatient behavioral health services

For inpatient behavioral health services, call Blue Cross Behavioral Health during normal business hours of 8 a.m. to 5 p.m. (except for weekends and holidays).

If the call isn't answered, 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

See the following table for phone numbers and to learn where to find more information.

Lines of business	Contact numbers and additional information
BCN commercial and BCN Advantage	<p>During normal business hours: Call Blue Cross Behavioral Health at 1-877-293-2788.</p> <p>After hours: For emergency cases only, call 1-800-482-5982.</p> <p>Refer to the Behavioral Health chapter of the <i>BCN Provider Manual</i> for additional information. Look in the section titled "Authorization for behavioral health services."</p>
Medicare Plus Blue	<p>During normal business hours: Call Blue Cross Behavioral Health at 1-877-293-2788.</p> <p>After hours: For emergency cases only, call 1-888-803-4960.</p>

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Lines of business	Contact numbers and additional information
Blue Cross commercial	<p>Call the appropriate phone number:</p> <ul style="list-style-type: none"> • Blue Cross and Blue Shield Federal Employee Program[®]: 1-800-342-5891 • General Motors hourly: 1-877-264-6690 • General Motors salaried: 1-877-240-0705 • MESSA: 1-877-866-2395 • State of Michigan: 1-866-503-3158 • UAW Retiree Medical Benefits Trust: 1-877-228-3912 • All other groups: 1-800-762-2382

Outpatient behavioral health services

If you call during normal business hours and the call isn't answered, 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

See the table below for contact information and to learn where to find more information.

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BCN commercial	<p>During normal business hours: Call Blue Cross Behavioral Health at 1-877-293-2788 during normal business hours of 8 a.m. to 5 p.m. (except for holidays).</p> <p>After hours: For emergency cases only, call 1-800-482-5982.</p> <p>Refer to the Behavioral Health chapter of the <i>BCN Provider Manual</i> for additional information. Look in the section titled "Authorization for behavioral health services."</p>
BCN Advantage	<p>Send the request to the BCN Advantage Appeals and Grievance unit by:</p> <ul style="list-style-type: none"> • Faxing to 1-866-522-7345 • Emailing bcngrievance@bcbsm.com <p>Be sure to include pertinent clinical documentation.</p> <p>A request for a peer-to-peer review about a BCN Advantage member is initiated as a standard preservice member appeal. Refer to the BCN Advantage chapter of the <i>BCN Provider Manual</i> for additional information. Look in the section titled "BCN Advantage member appeals."</p>

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Medicare Plus Blue	<p>Send the request to Medicare Plus Blue Grievances and Appeals department by faxing to 1-877-348-2251.</p> <p>Be sure to include pertinent clinical documentation.</p> <p>For information about submitting the request by mail, see the denial letter.</p> <p>A request for a peer-to-peer review about a Medicare Plus Blue member is initiated as a standard preservice member appeal.</p>
Blue Cross commercial	<p>Call the appropriate phone number:</p> <ul style="list-style-type: none"> • Federal Employee Program: 1-800-342-5891 • State of Michigan: 1-866-503-3158 • General Motors hourly: 1-877-264-6690 • General Motors salaried: 1-877-240-0705 • MESSA: 1-877-866-2395 • UAW Retiree Medical Benefits Trust: 1-877-228-3912 • All other groups: 1-800-762-2382

Tango and WellSky[®] are independent companies that review member health care services for appropriateness and medical necessity on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.