



PEER TO PEER REQUEST FORM

Peer to Peer Discussions are routinely available for Concurrent Denials within 2 business days from the date of denial and for Pre-Service denials within 5 business days from the denial notification and prior to the initiation of an appeal. If the appeal process has already been initiated, the appeal outcome will serve as the review decision and provide next steps, if any for further review.

Type of Denial	FAX	Phone	Electronically
<p>Pre-Appeal Medical Services, Procedures and RX</p> <p>For RX benefits not managed by Optum or Caremark</p>	<p>To begin the Peer to Peer process please submit this form along with new clinical information to (803) 264 -9175.</p>	<p>For any questions regarding the Peer to Peer process contact the dedicated Peer to Peer team (803) 264-8114.</p> <p><i>Please Note: this contact is not the actual Peer to Peer but an administrative call. The physician does not have to be present for this conversation.</i></p> <p>The form is needed to complete the Peer call.</p>	<p>To request a Peer to Peer electronically complete this form and email it along with new clinical information to Peer.Medical@BCBSSC.com or</p> <p>Submit the document on the Medical Forms Resource Center (MFRC) by visiting the web address FormsResource.Center</p>
<p>Pre-Appeal National Imaging Associates NIA (X-rays and Scans)</p>	N/A	<p>Contact NIA for a Peer to Peer call</p> <p>1-800-642-7649</p> <p>Monday through Friday</p>	N/A
<p>Optum RX</p>	N/A	<p>Contact Optum Rx for a Peer to Peer call</p> <p>1-800-642-7649</p> <p>Monday through Friday</p>	N/A
<p>Caremark</p>	N/A	<p>Contact Caremark for a Peer to Peer call</p> <p>1 -800-294-5979</p> <p>Monday through Friday</p>	



PEER TO PEER DISCUSSION REQUEST FORM

THIS IS AN INTERACTIVE PDF PLEASE CLICK IN THE BLANK FIELDS AND TYPE THE REQUESTED INFORMATION.

Peer to Peer Discussions are offered for medical necessity adverse decisions. These discussions are not routinely available for contract exclusion and benefit exhaust denials; as a result contract exclusion and benefit exhaust denials cannot be resolved at this level. After the completed form is returned, a discussion between the treating MD and the HealthPlan Medical Director. The discussion should focus on *NEW* clinical information related to medical necessity. Using the information provided on this form, two attempts will be made to contact the provider based on the availability listed below. This discussion should occur between a BlueCross BlueShield of South Carolina/BlueChoice HealthPlan of South Carolina Medical Director and the treating physician. Please submit additional information needed to help render the decision.

To guarantee prompt response, ensure that this form is completed in its entirety and submitted with new clinical information. Incomplete forms will not be considered for a peer to peer discussion.

Please note: This is not an appeal

For appeal rights the member should refer to the Member Service number on the back of the insurance card.

Patient's Name <i>(Last, First, M.I.):</i>		ID Card # <i>(Including Alpha-Prefix):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
CPT Code(s) Denied: <i>Please Note: Peer to Peers are only granted for denials due to medical necessity.</i>				
Please state why the denial should be overturned:				
PHYSICIAN INFORMATION				
Physician's Name <i>(please print, include credential):</i>			Credentials	
Contact Information:		Preferred Number	Secondary Number:	
Are there any special instructions to reach Physician/Staff? i.e. VRU instructions				
The contact number should be a number that will be answered during business hours. i.e., Representative, Nurse's or assistant's number who can retrieve the Physician. The plan will make two attempts on date selected within the requested window at the number provided.				
Select a date and window for the conversation Note: if no date is specified call will be made in 1 business day.	Time: <input type="checkbox"/> 9am-12:00pm <input type="checkbox"/> 1pm-4pm	Date:	Time Zone: <input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Mountain <input type="checkbox"/> Pacific	
Timeframe				
Concurrent <input type="checkbox"/> Must be requested within 2 business days from the date of denial		Pre-Service <input type="checkbox"/> Must be requested within 5 business days from the date of denial		
Reason for Denial				
Tier 1: <input type="checkbox"/> Medical Necessity <input type="checkbox"/> Investigational		Tier 2: <input type="checkbox"/> Benefits Exhaust <input type="checkbox"/> Contract Exclusion <input type="checkbox"/> Authorization Denial <i>Peer to Peer discussions are not routinely available for cases reviewed by Appeals, or cases denied for contract exclusion and benefit exhaust denial. These cases cannot be resolved through the Peer to Peer process.</i>		
Physician's Acknowledgment <input type="checkbox"/> I acknowledge that the Physician has been notified that a Peer to Peer request is being submitted.				
Provide new clinical documentation by sending a secure e-mail to Peer.Medical@BCBSSC.com				