

	Behavioral Health and Developmental Disabilities (BHDD) Division
	Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health Date effective: October 1, 2022 Date revised: October 1, 2022
Policy Number: 220	Subject: Reconsideration Review Process

A reconsideration review provides the member/legal representatives, authorized representative, or the provider an opportunity for further clinical review if they believe there has been an adverse action regarding a denial determination. To request a reconsideration review, a provider must submit a request to the department’s designee as directed in the determination letter.

There are two types of reconsideration reviews:

- (1) Peer-to-Peer:** A Peer-to-Peer Review is a telephonic review between an advocating clinician, chosen by either the member/legal representative or the authorized representative, and the physician reviewer who rendered the adverse determination.
 - (a) The Peer-to-Peer Review is based upon the original clinical documentation and may consider clarification or updates.
 - (b) The Peer-to-Peer Review must be:
 - (i) requested within ten business days of the adverse determination date; and
 - (ii) scheduled by the physician reviewer within five business days of the request.
- (2) Desk Review:** A Desk Review may be requested to provide a second opinion if the Peer-to-Peer Review results in an adverse determination. A Desk Review must be provided by a physician reviewer who did not issue the initial or the Peer-to-Peer determination.
 - (a) The Desk Review is based upon the original clinical documentation and any additional supporting documentation.
 - (b) The Desk Review must be:
 - (i) requested within 15 business days of the most recent adverse determination date; and

- (ii) performed by the physician within five business days of the written request and supporting documentation.

The legal representative, authorized representative, or provider must submit a written request to the department's designee for this reconsideration review that states which review is being requested and naming an advocating physician. Further instructions regarding how to request a review are in the determination letter sent by the UR Contractor. At any time during this review process, a new prior authorization request may be submitted to provide additional clinical information and to begin an updated request for determination. If new clinical information becomes available after a denial of a reconsideration review for services, a provider may submit a new prior authorization to the UR Contractor based on the new clinical information.