Policy and Procedure

Policy Name: Peer Review Process	**Policy#:** UM-105	**Version#:** 7
Author Department: UM	**Origination Date:** 09/15/21	
Business Units Impacted: UM	**Date Last Reviewed:** 04/10/2026	
Products/LOBs: RAE & CHP+	**Date Approved by CPT:** 04/16/2026	

DEFINITIONS:

Adverse Benefit Determination: Any of the following:

1. The denial or limited authorization of a requested service, including the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit; or
2. The reduction, suspension or termination of a previously authorized service; or
3. The denial, in whole or part, of payment for a service; or
4. Failure to provide services in a timely manner as defined by the State; or
5. The failure to act within the timeframes defined by the State for the resolution of grievances and appeals; or
6. The denial of a member's request to dispute a member financial liability (cost-sharing, copayments, premiums, deductibles, coinsurance, or other).

Urgent Concurrent Review: The ongoing review of inpatient episodes of care to determine if services and/or treatments are medically appropriate, occur in the appropriate setting, and are being administered by appropriate providers. Urgent Concurrent Review determinations are based solely on the medical information obtained at the time of the review. The frequency of reviews is based on the severity or complexity of the member's condition or on the necessary treatment and discharge planning activity regardless of the clinical setting.

Peer Review: The process by which a facility physician/prescriber has the ability to discuss the case with a Colorado Access (COA or organization) medical director (this may not always be the same medical director who rendered the denial) and present any information that may not have been clear in the initial request. This typically occurs via phone call. For all review decisions, this is considered part of the initial decision-making process, not part of the appeals process..

Preservice Review (also referred to as an initial review): Utilization Review process that is conducted prior to a scheduled admission or course of treatment or service. Preservice Review is necessary for the pre-authorization of healthcare services to determine if services or treatments are Medically Necessary, planned in the appropriate setting and will be provided by participating providers, whenever possible. Preservice Review determinations are based solely on the medical information obtained at the time of the review. The frequency of reviews is based on the severity or complexity of the member's condition or on the necessary treatment and discharge planning activity regardless of the clinical setting.

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SCOPE:
This policy addresses the Peer Review process for preservice, urgent concurrent, and post-service reviews, conducted by COA staff, to determine medical necessity for covered healthcare services.

PURPOSE:
To develop a structured approach to the management and completion of peer reviews in a manner that does not delay or disrupt care for COA members. This policy also outlines the processes for conducting peer reviews, making timely decisions, and supporting consistent decision making in the utilization review process.

STATEMENT OF POLICY:
COA has procedures for which providers requesting services may consult with a utilization review physician.

PROCEDURES:

A. General Procedures

1. When a COA medical director issues a preliminary medical necessary denial decision (adverse benefit determination), the COA utilization management reviewer will postpone processing the formal denial letter until after the facility/provider has been verbally notified of the preliminary decision. During this verbal notification, the facility will be informed of the process by which to request a peer review with a COA medical director to discuss the case further and/or present any information that may have been unclear during the initial request.
2. The COA medical director conducting the peer review will issue a formal decision at the close of the peer review call. This decision will either support the preliminary denial or reverse the preliminary denial and result in an authorization decision. If the peer review supports the preliminary denial decision, the denial will be formally issued via the required denial letters (also known as Notice of Adverse Benefit Determination letters). If reversed, the reviewer will proceed with issuing the authorization per the peer review agreement.

B. Inpatient Hospital and Hospital Diversion (Acute Treatment Unit for adults, short-term residential for children and adolescents)

1. Initial Review/Admission Decisions:.
    a. In the event of a medical necessity denial, facilities have the ability to request a peer review according to the following parameters:

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i. If the denial is communicated directly via phone (as opposed to information being left on a voicemail), the peer review can be requested at the time of the call. If the peer review option is declined by the requesting provider, the denial will be formally processed following the conclusion of the call.

ii. If the denial is communicated via voicemail, the facility has two hours to return the call and request a peer review. If no request is received within the two-hour window, the denial will be formalized and processed accordingly.

iii. If the peer review is requested Monday through Friday between the hours of 8:00 am to 3:00 pm, the facility must provide the name and phone number of the provider to contact for the peer review. The COA medical director will initiate the peer review call within one hour of the request. If a peer review is requested but not completed within the hour window, the denial will be formalized and processed accordingly.

iv. If the peer review is requested Monday through Friday between the hours of 4:00 pm to 8:00 am or Saturday through Sunday (after hours), the facility must provide the name and phone number of the physician to contact for the peer review. The COA medical director will initiate the peer review call within one hour of the request. If a peer review is requested but not completed within the hour, the denial will be formalized and processed accordingly.

2. The opportunity to request a peer review lies with the entity who is requesting authorization for a given level of care. For example, if an emergency department (ED) or crisis walk-in center (WIC) requests admission to an inpatient or hospital diversion level of care, a peer review may be requested by the ED or WIC physician recommending this level of care. If an inpatient hospital is requesting admission for a walk-in patient, the peer review may be requested by the inpatient hospital physician.
    a. After a peer review is completed with (or declined by) the requesting entity and a denial is finalized, no additional peer reviews will be completed for the same UM decision. In other words, if a member is admitted despite denial, the admitting facility will not be granted an additional peer review, as the denial has already been finalized.
    b. The admitting facility can file an appeal if they disagree with the admission denial.

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3. Urgent Concurrent Review, Urgent Preservice Decisions
   a. The following timeframes will be utilized for urgent concurrent and urgent preservice reviews:
      i. If the denial is communicated directly via phone (as opposed to information being left on a voicemail), the peer review can be requested at the time of the call. If the peer review option is declined, the denial will be formally processed following the conclusion of the call.
      ii. If the denial is communicated via voicemail, the facility has two hours to return the call and request a peer review. If no request is received within the two-hour window, the denial will be formalized and processed accordingly.
      iii. Peer reviews for concurrent review/step-down decisions are only conducted Monday through Friday between 8:00am to 3:00 pm.
      iv. If a peer review is requested prior to - 3:00 pm, the peer review will be scheduled within one hour of the request..
      v. If a peer review is requested after 3:00 pm, the peer review will be scheduled for the following business day between 8:00 am and 3:00 pm.
   b. Once a peer review is requested, the facility must provide the name and phone number of the physician to contact for the peer review. The COA medical director will initiate the peer review call within one hour of the request. If a requested peer review is not completed during the 1 hour window, the denial will be formalized and processed accordingly.

C. Preservice Decisions

1. COA provides peer review opportunities for medical necessity denials issued for these levels of care according to the following guidelines:
   a. Peer reviews for preservice review decisions are only conducted Monday through Friday between 8:00 am and 3:00 pm. If the denial is communicated directly via phone (as opposed to information being left on a voicemail), the peer review can be requested at the time of the call. If the peer review option is declined, the denial will be formally processed following the conclusion of the call.
      i. If a peer review is requested prior to 3:00 pm, the peer review will be scheduled the same day between the 8:00 am to 3:00 pm window.
      ii. If a peer review is requested after 3:00 pm, the peer review will be scheduled for the following business day between the 8:00 am to 3:00 pm window (no exceptions).

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b. If the denial if communicated via voicemail, the facility has until 12:00 pm the next business day to request a peer review. If no request is received within the timeframe, the denial will be formalized and processed accordingly.

c. Once a peer review is requested, the facility. must provide the name and phone number of the provider to contact for the peer review. The COA medical director will initiate the peer review call within one hour of the request. If a requested peer review is not completed within the 1 hour window, the denial will be formalized and processed accordingly.

REFERENCES:
ADM203 Member Grievance Process
UM102 Utilization Review Determinations
RAE Contracts Region 4, Ex. B-9, Statement of Work, and CHP Contract, Ex. B, Statement of Work.
C.R.S. § 12-30-201, *et seq.*

ATTACHMENTS:
None

POLICY HISTORY:

SUMMARY OF REVIEW/REVISION/APPROVAL DATES:
Version 1: 09/15/21 Version 2: 04/20/22 Version 3: 11/01/22 Version 4: 11/17/23 Version 5: 11/21/2024, Version 6: 11/20/2025 Annual Review, Version 7: 04/16/26 Peer review timeframes and notifications updated; standardized processes; incorporated NCQA updates.

APPROVAL BODY: COA Core Policy Team **APPROVAL DATE:** 04/16/2026