

Reminder: Facilities must submit appeals within the required time frames

As a reminder, facilities must submit appeals of nonapproved inpatient medical and surgical (non-behavioral health) prior authorization requests within the time frames stated in the denial letters.

We reinstated the normal appeals time frames on July 1

During the COVID-19 public health emergency, or PHE, Blue Cross Blue Shield of Michigan and Blue Care Network waived the time frames for submitting appeals.

Starting July 1, 2023, Blue Cross and BCN reinstated the time frames for submitting appeals that were in effect before the PHE. This was communicated in our [May 1, 2023, provider alert](#).

Time frames for submitting appeals

Here are the time frames for submitting appeals of inpatient medical and surgical (non-behavioral health) prior authorization requests that we've denied:

- For initial denial decisions made before July 1, 2023, we'll stop accepting appeals on Jan. 1, 2024.
- For initial denial decisions made on or after July 1, 2023, the normal time frames for appeals apply; see the table below.

Line of business	How it works
Blue Cross commercial	<ul style="list-style-type: none"> • A Level One appeal must be submitted within 45 days of the date on the original denial letter. • A Level One appeal submitted after the 45th day of the date on the original denial letter won't be accepted. • A Level Two appeal must be submitted within 20 days of the date on the Level One appeal denial letter. • A Level Two appeal submitted after the 20th day of the date on the Level One appeal denial letter won't be accepted.
<ul style="list-style-type: none"> • Medicare Plus Blue • BCN commercial • BCN Advantage 	<ul style="list-style-type: none"> • A Level One appeal must be submitted within 45 days of the date on the original denial letter. • A Level Two appeal must be submitted within 21 days of the date on the Level One appeal denial letter. • If a Level One appeal is submitted after the 45th day but by the 66th day, it will be processed as a Level Two appeal. • Appeals received more than 66 days after the date on the original denial letter won't be accepted.

Where to find additional information

For additional information about submitting appeals of prior authorization requests that aren't approved, refer to the pertinent provider manual:

- Blue Cross commercial: Refer to the Preapproval of Services chapter. Look in the section titled "Appealing a prior authorization decision."
- Medicare Plus Blue: In the [Medicare Plus Blue PPO Provider Manual](#), look in the section titled "Appealing Medicare Plus Blue's Decision."
- BCN commercial and BCN Advantage: Refer to these two chapters in the *BCN Provider Manual*:
 - In the [BCN Advantage chapter](#), look in the section titled "BCN Advantage provider appeals."
 - In the [Utilization Management chapter](#), look in the section titled "Appealing utilization management decisions."

To access the provider manuals:

1. Log in to our provider portal ([availity.com](#)*).
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the Resources tab.
4. Click *Provider Manuals*.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

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