

Special Bulletin

For facility providers

February 1, 2024

Inpatient Admissions: Reconsideration Requests for “No Clinical Information” Denials

Providers should submit a reconsideration request for denied admissions for Commercial inpatient medical care due to a **lack of clinical information** on the original authorization submission. **NOTE:** *Reconsideration requests only apply to Commercial lines of business.*

When inpatient admissions are denied for “no clinical information,” Highmark will send a letter to the member — along with a copy to the treating physician — that will contain the following denial rationale:

We were not given any medical information about this request. We do not have any information about your symptoms. We do not have any details about any tests or care you received during your hospital stay. We cannot approve this request without your medical information. This request is not approved because we need information that shows the need for you to be in the hospital.

What to Submit

Reconsideration requests should be submitted with pertinent clinical information. After submitting, providers will receive a determination within 24 hours.

When to Submit

They should be submitted **prior to** requesting a peer-to-peer review or an appeal. If an appeal — including peer-to-peer, expedited, or standard — is already on file or completed, the reconsideration request is voided.

Please note that a reconsideration can only be initiated *if a claim has not yet been submitted*.

How to Submit

All reconsideration requests must be made using the [Inpatient and Outpatient Authorization Request Form](#) and **faxed** to the Utilization Management (UM) Department.

Providers should indicate on the form that they are requesting a reconsideration request and include the authorization number and/or the treatment initiation (INIT) number.

Who Must Submit

Reconsideration **requests** must be received from the following:

- **Treating/Requesting Provider**, which includes any medical doctor, physician assistant and/or nurse practitioner, or clinician involved in the care of the member.
- **Designee** acting on behalf of the provider (including a physician assistant, UM nurse, nurse, etc.) who received the adverse determination.

Information about Peer-to-Peer Reviews

Reconsideration requests do not replace the peer-to-peer review process. If a peer-to-peer is initiated, reconsideration is not available.

Treating providers still have the option to request a peer-to-peer review after a reconsideration review has been completed.

Treating Provider includes:

- Any medical doctor, physician assistant and/or nurse practitioner, or clinician involved in the care of the member.

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