



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Utilization Management	Procedure: Preadmission Screening Peer-to-Peer Reviews	
Last Updated: 9/14/2026	Owner: Managed Care Operations	Pages: 3

I. PURPOSE:

To define and describe the operational guidelines for a hospital provider to request a peer-to-peer review upon a preadmission denial for inpatient hospitalization services.

II. DEFINITIONS:

A. Inpatient Psychiatric Hospitalization:

The provision of mental health services in a community-based hospital that provides twenty-four (24) hours of daily care in a structured, intensive, and secure setting for persons who cannot be safely and/or adequately managed at a lower level of care.

B. Medical Necessity:

Determination that a specific service is medically (clinically) appropriate; necessary to meet needs; consistent with the person's diagnosis, symptomatology, and functional impairments; is the most cost-effective option in the least restrictive environment; and is consistent with clinical standards of care. The medical necessity of a service shall be documented in the individual plan of service (IPOS).

C. Prospective Review

Prospective review is the process in which clinical information and requests are reviewed to determine medical necessity before rendering services. Review determinations are based on the medical information obtained at the time of the review. Prospective review allows for a person's eligibility and benefit determination, the evaluation of proposed treatment, determination of medical necessity, and level of care assessment prior to the delivery of service. Prospective screening for medical necessity and appropriateness of specified services is performed by a master's level clinician and if needed, reviewed by a physician.

III. PROCEDURE:

- A. MCCMH uses formalized utilization management criteria to make service authorization decisions that comply with applicable state and federal regulations.
- B. The Michigan Medicaid Provider Manual requires prior authorization for inpatient psychiatric hospitalization services. This prior authorization is obtained through a prospective medical necessity review, AKA preadmission screening, with MCCMH.
- C. MCCMH must complete preadmission screenings for the purpose of psychiatric inpatient care within three (3) hours.
- D. Preadmission screenings are reviewed by licensed MCCMH Managed Care Operations (MCO) staff or its delegates that have been determined to have the appropriate experience, credentials, and clinical competence. Physicians employed by or under contract with MCCMH to perform utilization review oversee all preadmission authorization denials.
- E. When a hospital provider is notified of the preadmission denial of authorization for inpatient psychiatric hospitalization services, the hospital physician may request a peer review with the MCO physician or their delegate for the purpose of providing additional clinically relevant information that the hospital physician expects will result in a change in the authorization determination. Please note: This is applicable to preadmission screenings only. For denials of concurrent reviews, please refer to the applicable MCCMH procedure.
- F. The hospital physician must request the peer-to-peer review within twelve (12) hours of MCCMH's issuance of the authorization denial.
- G. The peer-to-peer review must be scheduled within one (1) hour of receipt of the hospital's request.
- H. The MCO Physician or their delegate will receive all provided information from the hospital physician and, upon conclusion of the discussion, will take this information into account along with the documentation in the FOCUS Electronic Medical Record (EMR) to re-review the preadmission service authorization determination.
- I. If MCCMH's original denial is upheld, the hospital provider will receive notification within one (1) hour of the conclusion of the peer-to-peer review, and it will be documented in the FOCUS Electronic Medical Record (EMR).
- J. If the MCO Physician or their delegate overturns the MCCMH authorization denial for inpatient hospitalization services, the hospital provider will receive a notification within one (1) hour of the conclusion of the peer-to-peer review. The MCCMH preadmission form, AKA the Certificate of Need (CON), will then be updated in the EMR to indicate the change in disposition and the authorization will be generated.

IV. REFERENCES:

- A. Michigan Department of Health & Human Services (MDHHS) Medicaid Provider Manual

V. RELATED POLICIES:

- A. MCCMH MCO Policy 12-003, “Emergency and Post-Stabilization Services”
- B. MCCMH Concurrent Reviews Procedure
- C. MCCMH Preadmission Screenings Procedure

VI. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	02/26/2024	Creation of Procedure	MCCMH MCO Division
2	9/29/2024	Implementation of Procedure	MCCMH MCO Division
3	9/14/2026	Update to Procedure	MCCMH MCO Division