

PEER TO PEER REVIEW

PROVIDER GUIDE

A peer-to-peer (P2P) review gives the treating provider the chance to talk through a medical necessity denial directly with a physician reviewer. P2P is the first level of review. If a denial is upheld, appeal rights remain available.

P2P IS AVAILABLE WHEN

- ✓ The denial was based on medical necessity.
- ✓ The request is made within 3 business days of the denial (excluding company holidays).
- ✓ For inpatient stays, the member is still admitted. Requests must come within 3 business days of the denial or before discharge, whichever comes first.
- ✓ If the member discharges after a P2P is requested but before the call, the P2P will still be completed.

P2P IS NOT AVAILABLE FOR

- ✗ Administrative denials, such as retro authorizations, requests for payment, missing information, or exhausted benefits.
- ✗ Inpatient members already discharged at the time of the denial. Appeal rights apply instead.
- ✗ Cases where an appeal has already been requested or completed.

How to Request a P2P

CALL TO REQUEST
844-378-7103

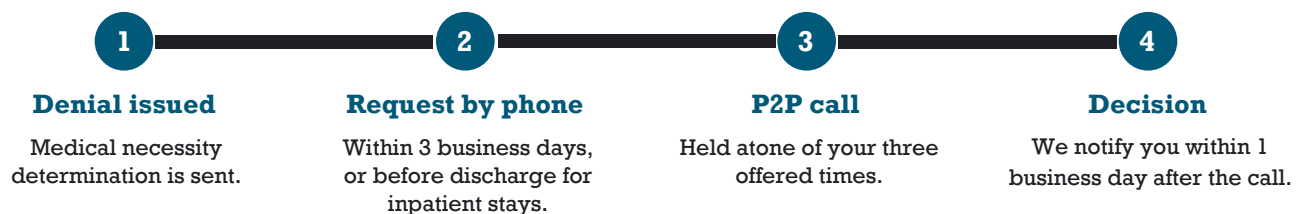
Phone requests let us collect everything we need upfront. Faxed requests can delay scheduling.

Have this information ready when you call:

- 1 Name of the provider who will take the P2P call
- 2 A direct phone number for that provider (no main lines or switchboards)
- 3 Three dates and times within 1 week of the determination date

A P2P is scheduled once all required information is received. Incomplete requests will delay the process.

What to Expect



Please note: determinations are not made during the P2P call.

The physician reviewer documents the updated determination after the call, and we notify you within 1 business day. Calls late in the day may be communicated the following business day.