**Peer-to-Peer Discussion Request Form**

**THIS IS AN INTERACTIVE PDF. PLEASE CLICK IN THE BLANK FIELDS AND TYPE THE REQUESTED INFORMATION.**

Peer-to-Peer Discussions are offered for medical necessity adverse decisions. These discussions are not routinely available for contract exclusion and benefit exhaust denials; as a result, contract exclusion and benefit exhaust denials cannot be resolved at this level. After the completed form is returned, a discussion between the treating physician and the health plan physician will occur. The discussion should focus on *NEW* clinical information related to medical necessity. Using the information provided on this form, two attempts will be made to contact the provider based on the availability listed below. This discussion should occur between a Companion Benefit Alternatives physician and the treating physician. Please submit additional information needed to help render the decision.

To guarantee prompt response, be sure to complete this form in its entirety and submit it with new clinical information. Incomplete forms will not be considered for a Peer-to-Peer Discussion.

**Please Note: This is Not an Appeal.**

For appeal rights, the member should refer to the Member Service number on the back of the insurance card.

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| **Patient’s Name** *(Last, First, MI):* | | **ID Card #** *(including alpha prefix):* | | | | **M**  **F** | **DOB:** |
| **Service(s) Denied:**  ***Please note****: Peer-to-Peer Discussions are only granted for denials due to medical necessity.* | | | | | | | |
| **Please state why you disagree with the denial or state the reason why you feel the denial should be overturned:** | | | | | | | |
| **Name of Person Submitting:** | | | | **Phone Number of Person Submitting:** | | | |
| **PHYSICIAN INFORMATION** | | | | | | | |
| **Physician’s Name** *(please print, include credential*s): | | | | | | | |
| **Contact Information** | **Preferred Number:** | | | **Secondary Number:** | | | |
| The contact number should be a number that will be answered during business hours (i.e., nurse/assistant’s number who can retrieve the requesting physician). | | | | | | | |
| **Select a time window for the conversation.**  Note: the call will be made 1 business day after the request is received. | | | **Time:  12:00 p.m. – 2:30 p.m. EST  2:30 p.m. – 5:00 p.m. EST** | | | | |
| **Peer-to-Peer Discussions are only available within 2 business days from the denial notification for concurrent, facility-based requests, within 5 business days for outpatient requests, and prior to the initiation of an appeal.**  **If the appeal process has already been initiated, the appeal outcome will serve as the review decision and will provide next steps, if any, for further review.** | | | | | | | |
| **Physician’s Acknowledgement:**  I acknowledge that the Physician has been notified that a Peer to Peer request is being submitted. | | | | | **Date:** | | |
| **Provide new clinical documentation by sending a secure fax to (803) 714-6456.** | | | | | | | |