

Peer to Peer Discussion Request Form



Peer to peer discussions provide medical practitioners the opportunity to discuss adverse determinations with a physician, appropriate behavioral healthcare reviewer, or pharmacy reviewer. These discussions are not considered appeals and will not result in a change in determination. This is an opportunity for medical practitioners to discuss the request at hand and to provide clarity for the decisions made. The discussion should occur between a Physician Reviewer and the treating medical practitioner. To guarantee a prompt response, ensure this form is completed in its entirety. Incomplete forms will not be considered for a peer to peer discussion. **Please note: This is NOT an appeal and will NOT result in a changed adverse determination.** If you are seeking to overturn a denial, please file an appeal. For appeal rights, refer to the Customer Service number on the back of the member ID card or the appeal rights included in the denial letter. If you are requesting a peer to peer following an appeal, please allow additional time for scheduling as these take place with the Medical Director.

BENEFITS EXHAUSTED OR CONTRACT EXCLUSIONS DENIAL

Peer to peer discussions are not routinely available for these denial situations. Questions related to benefit limits and exclusions should be directed to Customer Service at 866.631.5404.

MEDICAL NECESSITY OR INVESTIGATION DENIAL

Return completed form to: Aspirus Health Plan, Attn: Peer to Peer Request, PO Box 1890, Southampton, PA 18966 or Fax to 763.847-4954. If you need assistance completing the form, contact Customer Service at 866.631.5404.

PATIENT INFORMATION			
Patient Last Name	Patient First Name	Member ID	Patient Date of Birth
Service Denied			
Reason for Request			
Case or Request Number	Date of Service		
MEDICAL PRACTITIONER INFORMATION			
Practitioner's Name <i>(Individual who will be completing peer to peer)</i>		Practitioner's Direct Phone Number for Peer to Peer	
SCHEDULING			
Contact Name to Confirm Scheduling	Phone Number	Email Address	
Please indicate three dates and times that work with your medical practitioner's schedule. For best scheduling results, provide dates several days into the future. <ul style="list-style-type: none"> Peer to peers are not scheduled on an "urgent" basis. If your case needs to be reviewed urgently, please proceed to filing an appeal. If you are requesting a peer to peer following an appeal, please allow additional time for scheduling as these take place with the Medical Director. 			
Date _____ <ul style="list-style-type: none"> <input type="checkbox"/> 10:00 – 10:30 am <input type="checkbox"/> 10:30 – 11:00 am <input type="checkbox"/> 11:00 – 11:30 am <input type="checkbox"/> 11:30 – 12:00 pm <input type="checkbox"/> 12:00 – 12:30 pm <input type="checkbox"/> 12:30 – 1:00 pm <input type="checkbox"/> 1:00 – 1:30 pm <input type="checkbox"/> 1:30 – 2:00 pm 	Date _____ <ul style="list-style-type: none"> <input type="checkbox"/> 10:00 – 10:30 am <input type="checkbox"/> 10:30 – 11:00 am <input type="checkbox"/> 11:00 – 11:30 am <input type="checkbox"/> 11:30 – 12:00 pm <input type="checkbox"/> 12:00 – 12:30 pm <input type="checkbox"/> 12:30 – 1:00 pm <input type="checkbox"/> 1:00 – 1:30 pm <input type="checkbox"/> 1:30 – 2:00 pm 	Date _____ <ul style="list-style-type: none"> <input type="checkbox"/> 10:00 – 10:30 am <input type="checkbox"/> 10:30 – 11:00 am <input type="checkbox"/> 11:00 – 11:30 am <input type="checkbox"/> 11:30 – 12:00 pm <input type="checkbox"/> 12:00 – 12:30 pm <input type="checkbox"/> 12:30 – 1:00 pm <input type="checkbox"/> 1:00 – 1:30 pm <input type="checkbox"/> 1:30 – 2:00 pm 	