Peer-to-Peer Form

For Requesting/Servicing Provider

Point32Health

Harvard Pilgrim Health Care | TUFTS Health Plan

Please use this form to request a Peer-to-Peer review of a medical or behavioral health service.

- To submit a Peer-to-Peer request for a pharmacy or medical drug, call 888-766-9818. Please do not use this form for a medical or pharmacy drug Peer-to-Peer request.
- To submit a Peer-to-Peer request for UM vended programs, please call the appropriate number:
  - Evolent Health: 800-642-7543
  - Carelon: 855-574-6476
  - Progeny: 888-832-2006
  - OncoHealth: 877-222-2021
  - eviCore: 888-511-0401

- Use of this form for other than Peer-to-Peer requests will not be accepted.
- This form is only for medical necessity review. (This form excludes benefit reviews and administrative reviews.)
- Use a separate form for each member's request.
- Use the additional clinical information area to submit supplemental information that will help support the reason for the requested service.
- A UM physician or clinical reviewer will contact you within one to two business days after receipt of this completed form.

Complete the form below in order for us to assist you.

* *required fields*

*Today's date: / /

*Submitter name:

*Submitter phone and ext:

*Is this a request for a behavioral health service? Yes No

*Provider name:

*Provider NPI #

*Provider phone and ext:

*Provider fax:

*Best time to reach provider:

*Member name:

*Member ID #

*Member date of birth: / /

*Is the member in a facility or hospital? Yes No

Reference/Authorization/Denial # Date of denial: / /

Date and time of PA request (for NH Peer-to-Peer requests only):

Additional clinical information:

Frequently Asked Questions:

- **What is a Peer-to-Peer review?**
  A Peer-to-Peer review is a discussion between the requesting/servicing provider and the health plan medical director/clinical reviewer following a medical necessity denial.
- **Who can submit a Peer-to-Peer review request?**
  The requesting/servicing provider who received a medical necessity denial may request a Peer-to-Peer review.
- **When is a denial eligible for Peer-to-Peer review?**
  Coverage determinations that were denied on the basis of medical necessity are eligible for Peer-to-Peer review. Payment decisions are not eligible for Peer-to-Peer review.
- **When is a Peer-to-Peer review not an option?**
  Peer-to-Peer review is not an option for Medicare or USFHP plan members, administrative denial (provider payment) or benefit denials, or when a Peer-to-Peer review has already occurred.
- **Is Peer-to-Peer review an option if a denial was received and the member has been discharged from the hospital?**
  For inpatient cases, whether the member has been discharged or not, a Peer-to-Peer review is only available if the denial was based on medical necessity and the member appeals rights were included in the denial letter. In addition, the provider or member has the option to submit an appeal. If the denial was for provider payment or administrative reasons, a Peer-to-Peer is not available.
- **What is this form utilized for?**
  This form should be utilized to request a Peer-to-Peer review following a medical necessity denial. For fully insured NH plans, this form can also be used to request a Peer-to-Peer review before the carrier's prior authorization determination, or following a medical necessity denial and before a formal appeal request has been filed.

Please email your completed form to P2PRequest@point32health.org.

CLEAR FORM