

ATTENTION

- **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.

Type of Denial	Electronic	Fax	Phone
<ul style="list-style-type: none"> • Medical Necessity • Investigational 	<p>To request a peer to peer electronically, complete this form and email it to um@preferredone.com. Please indicate Peer to Peer Request in the subject line.</p>	<p>To request a peer to peer by fax, complete this form and submit to:</p> <p>(763) 847-4014</p> <p>Attention: Peer to Peer Request</p>	<p>If you need assistance completing the form, contact the precertification phone number found on the back of the member's card.</p> <p>Please note: This contact is not the actual peer to peer but an administrative call.</p>
<ul style="list-style-type: none"> • Benefits Exhausted • Contract Exclusions 	<p>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.</p>		

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.**

- For appeal rights and/or benefit denials, the member or provider should refer to the Customer Service number on the back of the member ID card or the appeal rights included in the denial letter.

Member Information		
Member Name:	Member ID:	Member Date of Birth:
Service Denied:		
Reason for Request:		
Case # or Request #:	Date of Service:	
Medical Practitioner Information		
Practitioner's Name (Individual who will be completing peer to peer):		
Practitioner's Direct Phone Number for Peer to Peer:		
Scheduling		
<ul style="list-style-type: none"> • Below, 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. • Peer to peers are not scheduled on an "urgent" basis. <ul style="list-style-type: none"> ◦ If your case needs 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:	Date:	Date:
Time:	Time:	Time:
10:00 – 10:30 am	10:00 – 10:30 am	10:00 – 10:30 am
10:30 – 11:00 am	10:30 – 11:00 am	10:30 – 11:00 am
11:00 – 11:30 am	11:00 – 11:30 am	11:00 – 11:30 am
11:30 – 12:00 pm	11:30 – 12:00 pm	11:30 – 12:00 pm
12:00 – 12:30 pm	12:00 – 12:30 pm	12:00 – 12:30 pm
12:30 – 1:00 pm	12:30 – 1:00 pm	12:30 – 1:00 pm
1:00 – 1:30 pm	1:00 – 1:30 pm	1:00 – 1:30 pm
1:30 – 2:00 pm	1:30 – 2:00 pm	1:30 – 2:00 pm
Contact to Confirm Scheduling		
Name:	Phone:	Email Address: