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| Utilization Management Program: Peer-to-Peer/Denial of Authorization Requests |  |
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**Peer-to-Peer/Denial of Authorization Requests Process**

The Payer Compass Utilization Review Department assumes the following responsibilities

when criteria are not met during the initial clinical review, initial screening, or concurrent review:

* The Payer Compass Utilization Review Nurse will refer the request to the Payer Compass Medical Director or IRO who will render the medical necessity determination.

### The following outlines the Peer-to-Peer/Denial of Authorization Requests procedure:

1. A Clinical Peer Review will be conducted for all cases where a clinical determination to certify cannot be made by the Payer Compass Utilization Review Nurse or first level review. See Clinical Criteria Selection Policy.
2. The Clinical Peer Review may take place using all clinical information provided to the Payer Compass Utilization Review Nurse and the pertinent indicated Plan language regarding the requested services. This review is conducted by the Payer Compass Medical Director or IRO reviewer who may have credentials similar to the ordering provider as indicated. All reviewing physicians must meet the criteria outlined in the Appeal of Non-Certifications Policy.
3. When a case is referred to a Clinical Peer Review, the Payer Compass Medical Director, IRO, or a specialist who may have similar credentials may attempt to speak with the requesting provider prior to making a non-certification determination. The determination shall not be delayed due to the inability to speak with the requesting provider.
4. If the reviewer is unable to speak with the requesting provider and a non‑certification determination is rendered, the Payer Compass Utilization Review Nurse will notify the requesting provider of the option of requesting a Peer‑to‑Peer conversation within 30 days. However, in some cases, extenuating circumstances may warrant additional time to request the Peer-to-Peer Conversation. This Peer‑to‑Peer conversation is outside the appeal process and therefore does not interfere with the availability of an appeal.
5. If the provider requests the Clinical Peer Review (when one has not already taken place), Payer Compass will arrange for the Peer-to-Peer conversation within one (1) business day with the clinical peer making the initial determination at a time convenient for the requesting provider.
	1. The Nurse will obtain the phone number and multiple times the requesting provider will be available.
	2. If the requesting provider is not available within one (1) business day, this will be considered “an event outside the organization’s control” and would entitle Payer Compass to an extension.
6. If the Peer-to-Peer conversation or review of additional information does not result in a certification, the Payer Compass Utilization Review Nurse will inform the provider via phone of the decision and of the right to initiate an appeal and the procedure involved.
7. If the clinical peer determines the requested service is medically necessary, the Payer Compass Utilization Review Nurse will notify the requesting provider of the certification determination along with the Certification number, total number of days certified, and next review date (if applicable). (See Precertification Review Policy.)
8. If a non-certification decision has been made by the clinical peer, the Payer Compass Utilization Review Nurse will notify the requesting provider by both phone call and written correspondence:
	1. Phone call is made to the ordering physician/provider notifying of the non‑certification determination.
	2. Non-certification written correspondence is sent to the member, ordering physician/provider, and the facility, if applicable. This written correspondence includes
		1. The option to have a Peer-to-Peer conversation between the ordering physician/provider and the Payer Compass Medical Director or IRO reviewer who has similar credentials as the ordering physician/provider as indicated (if not already conducted)
		2. The Clinical Rationale for the determination
		3. Instructions for initiating an appeal of the non-certification