Peer to Peer Request Form
Please note: **This is not an appeal.**

Type of Denial	Electronic	Fax	Phone
• Medical Necessity • Investigational	To request a peer to peer electronically, complete this form and email it to priorauth@aspirushealthplan.com. Please indicate Peer to Peer Request in the subject line.	To request a peer to peer by fax, complete this form and submit to: (763) 847-4014 Attention: Peer to Peer Request	If you need assistance completing the form, contact the precertification phone number found on the back of the member's card. Ask for the peer to peer team in Utilization Management. Please note: This contact is not the actual peer to peer but an administrative call.
• Benefits Exhausted • Contract Exclusions	Peer to peer discussions are not routinely available for these denial situations. These types of denials cannot be resolved through the peer to peer process. Questions related to benefit limits and exclusions should be directed to Customer Service.		

PEER TO PEER DISCUSSION RQUEST 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. 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.**

- 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:		
Request #:	Date of Service:	
Medical Practitioner Information		
Practitioner's Name (Individual who will be completing peer to peer):		
Practitioner's Direct Phone Number:		
Scheduling		
Select window(s) that work with your medical practitioner's schedule below. Note: Peer to peer discussions are not scheduled on an "urgent" basis. If your request needs to be reviewed urgently, please proceed to filing 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.		
Date:	Date:	Date:
Time:	Time:	Time:
☐ 9:00 – 9:30 am	☐ 9:00 – 9:30 am	☐ 9:00 – 9:30 am
☐ 9:30 – 10:00 am	☐ 9:30 – 10:00 am	☐ 9:30 – 10:00 am
☐ 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
Contact to Confirm Scheduling		
Name:	Phone:	Email Address: