

---

## **Peer to Peer Process**

---

### **Summary**

---

Peer-to-peer review is the process through which a treating practitioner, a licensed clinician on behalf of the treating practitioner (e.g., genetic counselor for BRCA precertification requests) or a physician on behalf of a facility (for concurrent review denials) discusses a medical necessity denial of coverage determination with an Aetna Better Health medical director. Peer-to-peer is not an additional level of review or an appeal. It is a focused discussion between these practitioners or a physician assistant/nurse practitioner and the peer reviewer.

- The requesting practitioner or designee calls Aetna Better Health of IL's peer to peer phone line at 1-833-491-1090 to request and schedule a peer-to-peer review. The request should include available dates and times and the full name and direct contact information for the practitioner.
  - Time frame to request peer-to-peer review is within 14 calendar days of the date on the denial letter.
  - Time frame to expect a response to your call is within one business day of the request.
  - Aetna Better Health will communicate back to the practitioner the date and time the peer to peer has been scheduled. The Aetna Better Health medical director will call at the appointed time, complete the review, and render a decision to either uphold or overturn the denial of coverage.
  - Documentation of the peer-to-peer review or attempts to complete the peer-to-peer review is captured within the Aetna Better Health business application system episode notes in the authorization.
-