



## Peer-to-Peer for Medical Necessity Review Denials

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<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare  <input checked="" type="checkbox"/> Medicaid	<b>State(s):</b> <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:  <input checked="" type="checkbox"/> Oregon
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### Enterprise Policy

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*PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing procedural processes. Each policy contains a list of sources (references) and applicable regulations that serves as the summary of evidence used in the development and adoption of procedures. The evidence was considered to ensure the procedures promote clinical benefits, patient safety and/or access to appropriate care. Each policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.*

*Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Guideline and the Member's policy, the Member's policy language shall control. Guidelines do not constitute medical advice nor guarantee coverage.*

### Background

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PacificSource is committed to conducting fair and impartial reviews of all authorization requests. A denial may be issued if the clinical information submitted does not meet the coverage requirements of the member benefit plan or the established standards of medical necessity for the requested service(s).

In the event of a medical necessity denial, a treating practitioner may request a Peer-to-Peer (P2P) discussion with a PacificSource Medical Director. This process is an optional, informal opportunity intended to promote clinical dialogue and clarification before a formal appeal is initiated. The P2P does not replace, extend or duplicate the formal appeal pathway.

PacificSource complies with regulatory requirements, including 42 CFR §438.402(b) and OAR 410-141-3875, which establishes that once a formal appeal is submitted, the opportunity for a P2P is no longer available. PacificSource maintains this distinction to uphold both the integrity of the single-level appeal process and its commitment to transparent provider collaboration.

If new clinical information is submitted after the original denial, it constitutes a formal appeal. This includes any documentation not included with the initial request that may impact the determination. Providers should follow the established appeal process when submitting additional information post-denial.

This policy is designed to support effective clinical communication while maintaining compliance with federal and state regulations.

## Procedure

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### Commercial, Medicaid, and Medicare

Practitioners will be informed of the peer-to-peer (P2P) process in denial notification letters. Practitioners who request a peer-to-peer (P2P) discussion regarding a denial must contact PacificSource within five (5) business days of the denial notification date. The request must include the members' name, PacificSource ID number, and preferred date and time for discussion.

All requests should be submitted to our Health Services department using the appropriate contact for each line of business:

- Commercial: 541-684-5584
- Medicaid: 541-330-7301
- Medicare: 208-433-4624
- Pharmacy:
  - Commercial: 541-225-3784 or Toll Free: 844-877-4803
  - Medicaid: 541-330-2467 or Toll Free: 855-228-6229
  - Medicare: 541-330-4999 or Toll Free: 888-437-7728

Once a complete request is received, PacificSource will schedule the P2P within two (2) business days and confirm the appointment with the provider's office.

If, during the P2P discussion, a clerical error is identified or existing clinical rationale is presented that supports authorization, PacificSource may reopen the request and issue a modified determination.

### P2P Limitations:

- Only one (1) P2P discussion is permitted per denial
- A P2P will not be scheduled if a formal appeal has already been submitted or if the member has been discharged from a facility
- New clinical information or records introduced during a P2P discussion will not be considered in discussion but may be submitted as an appeal.
- P2P reviews are not permitted for claim denials or contract-based denials

## Definitions

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**Clerical error** – A copying error or an omission on a prior authorization request. Examples include incorrect data entry, missing dates, or misfiled information.

**Existing clinical rationale** - Further explanation or interpretation of existing medical information such as how symptoms impact function or why a specific service is medically necessary based on what is already in the record, no brand-new labs, imaging, or documents.

## Related Policies

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Appeals & Grievances Decision-Making Tools and Resources

Clinical Criteria Used in UM Decisions

Medical Necessity Reviews

## Appendix

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**Policy Number:**

**Effective:** 12/1/2025

**Next review:** 12/1/2026

**Policy type:** Enterprise

**Author(s):**

**Depts.:** Health Services

**Applicable regulation(s):** 42 CFR §438.402(b) OARs: 410-141-3875(1)(a), 410-141-3890

**External entities affected:** N/A

**Commercial OPs:** 9/2025

**Government OPs:** 9/2025