

Magellan's Peer-to-Peer Process

What to expect when calling in for a peer-to-peer discussion:

- A peer-to-peer discussion may be initiated at any time during the prior-authorization process by calling (866) 306-9729.
- A peer-to-peer discussion may not be necessary if the requested clinical documentation is sent prior to contacting Magellan Healthcare.
- A peer-to-peer may be initiated by the office staff (non-clinical), but the case discussion must be conducted by a licensed clinician from the provider's office.
- Plan to call a few minutes prior to licensed clinician's availability to provide necessary case information (HIPAA requirements.)
- Identifying member information will need to be provided before the call is transferred to an appropriate clinical reviewer that is specific to the case and modality (for RBM/Cardiac/IPM).
- The case will then be discussed, including any additional information that may be necessary for the case to meet medical necessity.*
- Verbal clarification of clinical information from the medical records that were submitted may be discussed during the peer-to-peer. Examples include clarification of conflicting information in the notes or typographical errors.
- Any new information necessary to approve the request must be submitted in writing by uploading to RadMD.com or faxing to 1-800-784-6864 before a new determination can be made. *
- If the case cannot be approved at the time of the peer-to-peer; the ordering/rendering provider is asked to follow the appeal instructions provided within the denial notification.
- *Spine & Hip, Knee, Shoulder surgery:* Peer-to-peer discussions may be scheduled for surgery cases. At least two convenient callback times will need to be provided. Although we try to call at the scheduled time, due to situations outside our control (prior call runs long, etc), we appreciate your patience in giving us up to an hour window to receive a call.

If you would like to provide feedback regarding a peer-to-peer discussion, please contact Laurie Kim at lekim@magellanhealth.com.

* This discussion may be for consultation purposes only if the re-review/reconsideration/re-open timeframe has expired or the case has a final determination and re-review/reconsideration/re-open is not available. If re-review/reconsideration/re-open is not available, providers must follow appeal instructions in the denial notification. Please confirm with the health plan if re-review/reconsideration/re-open is available.