

Peer-to-peer review process

If you're initiating a peer-to-peer (P2P) review, you'll need to adhere to the following timelines and guidelines:

- **Outpatient services**
 - For pre-service P2P requests, you have 14 calendar days from the date of the Notice of Adverse Determination to submit a request. This request must be made **prior** to the filing of a formal appeal.
 - Upon receipt of a P2P request, it will be assigned to a utilization management medical director for follow-up and discussion
- **Inpatient services**
 - A P2P reconsideration request for inpatient services can only be submitted **before** a formal appeal is filed
 - The timeframe for submitting an inpatient concurrent review P2P request is 14 calendar days from the date of the Notice of Adverse Determination, or 3 business days post-discharge from the facility, whichever occurs first.

Process after your submission

Once you submit a P2P request, the following process starts:

- A designated nurse will assign the case to a medical director for a pre-emptive P2P review
- The Medical Director may initiate contact with the requesting provider for a high-risk, pre-emptive P2P discussion prior to rendering an adverse determination
- At least **1 documented good-faith attempt** to contact the provider of records during normal business hours to discuss the services under review will be made and documented in our system, unless state requirements mandate 2 or more attempts
- Urgent P2P requests will be addressed and followed up provided within **24-48 hours**
- Non-urgent P2P requests will be addressed within **30 days**

Questions? We're here to help.

Connect with us through chat 24/7 in the **UnitedHealthcare Provider Portal**.