Lesson 3
Best Practices for Conducting a Peer-to-Peer Review Execution, Communication, and Professional Judgment

Peer-to-peer reviews are one of several mechanisms used by payers to evaluate medical necessity, and their use continues to change across payer types. Traditionally, these reviews served as a forum for physician-to-physician discussion of clinical judgment. In recent years, some payers have reduced the frequency of peer-to-peer interactions as part of broader policy and workflow changes.

Regardless of format, Physician Advisors remain responsible for presenting, clarifying, and defending clinical judgment. The principles outlined in this section are intentionally transferable and designed to support that role across live discussions, written appeals, and formal review processes, ensuring continued relevance as payer practices and workflows evolve.

Purpose of This Section

Peer-to-peer (P2P) reviews are a central component of denials management for Physician Advisors. They represent the point at which clinical judgment, preparation, and communication intersect in real time.

This section teaches Physician Advisors how to approach peer-to-peer reviews strategically, establish an effective professional tone, identify and address information gaps, present a clear clinical narrative, navigate payer behavior realistically, and close the interaction appropriately.

What a Peer-to-Peer Review Is—and Is Not

A peer-to-peer review is a physician-to-physician clinical discussion regarding medical necessity or level of care. It is an opportunity to clarify clinical reasoning and supplement incomplete payer information.

It is not a guarantee of denial reversal, a debate to be won, or a recitation of criteria.

Preparation Before the Call: Non-Negotiable

Successful peer-to-peer reviews begin before the call. The Physician Advisor must understand the denial, reconstruct the admission decision at the time of care, identify the strongest clinical argument, prepare a secondary supporting point, and know what outcome is realistically achievable.

Confirming the Information Baseline Early

In many peer-to-peer reviews, the payer medical director does not have access to the full hospital record. Their review may be based on select physician notes, utilization summaries, or criteria screens.

A best practice at the start of the call is to clarify what information the medical director is reviewing. This prevents talking past one another, identifies missing clinical context, and allows focused supplementation of key facts.

Rapport-Building as a Professional Skill

Establishing rapport is a legitimate professional skill, not manipulation or small talk. A brief, genuine interaction can reduce defensiveness, interrupt scripted denial posture, and encourage meaningful engagement with the clinical discussion.

Structuring the Peer-to-Peer Conversation

An effective peer-to-peer review follows a disciplined structure: a brief patient summary, key risk factors and uncertainty at admission, hospital-level services required, expected clinical course, and a clear request.

Managing Common Payer Behaviors

Physician Advisors should anticipate common payer behaviors such as pre-decided denials, criteria-only responses, outcome-based reasoning, and time-limited conversations. Professional execution remains important even when reversal is unlikely.

When the Denial Is Not Overturned

If the denial is upheld, the Physician Advisor should remain professional, clarify the rationale for documentation and appeal purposes, and determine whether further appeal is warranted.

Closing the Peer-to-Peer

Before ending the call, confirm the outcome, clarify next steps, and thank the payer medical director. Professional closure preserves credibility and working relationships.

Documentation After the Peer-to-Peer

Physician Advisors should document the date, participants, summary of discussion, payer rationale, outcome, and recommended next steps. This documentation supports appeals, education, and transparency.

Key Takeaway

Peer-to-peer reviews are not about persuasion alone. They require preparation, professional presence, clear clinical reasoning, and strategic judgment.

Course Integration Note

Part 3 completes the denials management sequence by translating preparation into execution. Together with Parts 1 and 2, it provides a cohesive framework for Physician Advisors.

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