

# Peer-to-Peer Medical Review Checklist

If a patient has been denied coverage for a medication by a payer, a peer-to-peer review may be warranted for approval. Please review the following checklist to support the patient's treatment rationale. Note that individual payers may require additional information not contained in this checklist.



## Prepare to support your rationale with the following documentation:

- Patient clinical documentation: case notes, date(s) of service, treatment history, laboratory results, etc
- Claim form and explanation of benefits (EOB), if claim was submitted
- Prior authorization request
- Letter of medical necessity
- Payer denial letter(s)
- Letter of appeal



## Prepare to discuss the following information:

### Drug Information

Drug name: \_\_\_\_\_

NDC number(s): \_\_\_\_\_

### Patient Diagnosis

Primary ICD-10 CM Code: \_\_\_\_\_

Description: \_\_\_\_\_

Dosing and administration: \_\_\_\_\_

HCPCS code(s) (miscellaneous\* or permanent J-codes): \_\_\_\_\_

*\*Following the FDA approval of physician-administered therapies, physician providers may need to use temporary j-codes until unique drug codes are assigned.*

### Additional Supporting Documentation

- Relevant clinical guidelines
- Compendia listings
- Peer-reviewed journal articles
- Coverage policies (if applicable)



## Next steps:

- Confirm timing for approval

Approved:  Yes  No Authorization number: \_\_\_\_\_


- Note any required follow-up steps

Peer Name: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Meeting Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

 For more information, contact your **Access & Reimbursement Manager**



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