



## Reconsideration and Peer-to-Peer Process

As a reminder, to dispute a pre-service authorization request or inpatient request denial, providers may choose **one** of the following two options:

1. Reconsideration Review, or
2. Peer to Peer Review

### Reconsideration Review

Providers may request a reconsideration for denied services by faxing additional clinical documentation to support the requested service/level of service to Molina UM at **(877)-708-2117**.

"RECONSIDERATION" should be indicated clearly on the fax cover sheet for expedited routing and processing. The information must be new/additional information from the previous submission and support the medical necessity of the requested services.

**Inpatient Requests:** Reconsideration requests for denied *inpatient services* must be submitted within five business days and **only while the member is still in the hospital\***.

**Pre-service Requests:** Reconsideration requests for denied *pre-service authorization requests* for services must be submitted within five business days from the date on the denial notification.

### Peer to Peer Review

After receiving an authorization denial, the treating/requesting provider may request to speak with a Molina Medical Director or delegated physician/pharmacist regarding the adverse determination. This review is an opportunity for the treating/requesting provider to discuss the denial rationale with a Molina Medical Director or delegated physician/pharmacist and is completed via phone call.

**Inpatient Requests:** For denied *inpatient services*, the peer to peer call must be requested\*\* within five business days from the denial notification while member is inpatient and **only while the member is still in the hospital\***.

**Pre-service Requests:** For denied *pre-service authorization requests*, the peer to peer call must be requested within five business days from the denial notification.

\*The only exception to this requirement is regarding Medicaid/MP members: when the notification of non-coverage is received by the provider on day of discharge or after the member has been discharged, the provider has one (1) business day to request a P2P.

\*\*Although the peer to peer review must be **requested** within five business days, it may not be completed within this time frame due to scheduling constraints between the provider and Molina.

July 5<sup>th</sup>, 2022

Peer to peer or reconsideration requests will not be granted for administrative denials such as: no or late notification, or Wisconsin Medicaid non-covered services.

For medical cases, to request a peer to peer review between the treating /requesting provider and a Molina Medical Director, the facility representative calls (855) 326-5059. Facility representative will need to provide the following information to schedule the peer to peer review:

- Member name, date of birth and Molina ID
- Molina authorization number from the denial notification and date of service
- Treating/requesting physician's name and direct phone number
- The best date and time (1-hour time window) for the Molina Medical Director to call between the hours of 8 am – 5 pm, CST

### **Additional Denial Dispute Options**

Providers choosing to dispute a *pre-service* request denial after five business days from the denial notification can submit an appeal within 60 calendar days from the date of denial as outlined in the notification, on behalf of the member, as long as the service has not yet been provided.

### **Questions?**

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at [WIProviderNetworkManagement@MolinaHealthCare.Com](mailto:WIProviderNetworkManagement@MolinaHealthCare.Com) or visit [MolinaHealthcare.com](http://MolinaHealthcare.com).

### **Register Now for Availity, Molina Healthcare's Inc. (Molina) New Provider Portal**

Learn how Molina is working with Availity at [availity.com/molinahealthcare](http://availity.com/molinahealthcare).

---

---