Peer-to-Peer Review Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

A peer-to-peer review note is the treating clinician's record of a call with a payer's medical or behavioral health reviewer about the medical necessity of requested services, written right after the call. No law prescribes the note: payer policy governs the call, and documenting it is a defensible convention. Most run 150 to 300 words.

Case and call identification IDs, numbers, logistics

Do: member ID, plan, case/reference number, auth number, service at issue, call date, start/stop times, scheduled or not, attempts.
Pitfall: one entry per patient; batching members in one submission violates privacy rules, and no reference number means no proof.

Procedural posture the field that decides everything

Do: pending, intent-to-deny, concurrent review, post-denial, or appeal; line of business; denial date and appeal deadline as two facts.
Pitfall: the call does not protect the appeal; some post-denial calls cannot change the decision, and the deadline keeps running.

Participants capture them at call time

Do: your name, credential, license; the reviewer's name, degree, specialty, title, organization; note a refusal to identify.
Pitfall: no rule puts the reviewer's name on the denial notice; the call may be your only chance to capture who decided.

Clinical points discussed meet the criterion

Do: symptoms with acuity, function, risk, dated scores, treatment response, failed alternatives, why lower intensity fails today.
Pitfall: diagnosis plus symptoms never answers the necessity criterion; function, risk, and response do.

Criteria cited name and version

Do: the guideline or policy applied, edition or version, the criterion said to be unmet, and the facts the reviewer relied on.
Pitfall: an appeal cannot rebut a criterion the note never captured; ERISA plans must disclose their rules on request.

Outcome and authorization a transaction, not a feeling

Do: disposition in the payer's terms; auth number, dates, units, conditions; when written confirmation arrives.
Pitfall: an oral yes is a claim risk until the payer's system shows the authorization; record the promise and chase it.

Next steps, owners, deadlines keep the clock visible

Do: appeal or records to submit, treatment plan changes, patient notification, the responsible person, every live deadline.
Pitfall: a missed call may not be rebooked; record the attempt and go straight to the appeal calendar.

Before it goes out

- [ ] Posture and line of business named; deadlines recorded
- [ ] Reviewer identified (name, credential, specialty) or refusal noted
- [ ] Criteria set named with version and the criterion at issue
- [ ] Outcome in the payer's terms with auth number, dates, units
- [ ] Written confirmation window noted; portal check owned
- [ ] Next steps have owners and dates; appeal stays calendared

Drafting with AI

Bring the denial notice, the criteria discussed, your dated scores, and what the reviewer agreed to; the structure mirrors what later disputes turn on.

> *"Draft a peer-to-peer note: 90837 concurrent denial, call with plan medical director, PHQ-9 21 to 14, 12 sessions approved, confirmation pending: …"*

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

150 to 300 words	10 to 15 min by hand	Right after the call	Chart · billing · payer file
brief and transactional	clinical team estimate	same-day entry	who reads it

Full guide, sample note, and compliance notes:
bastiongpt.com/template/peer-to-peer-note

Peer-to-Peer Review Note Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client / member: | Member ID: | DOB:

Payer / plan: | Line of business: | Case / ref # / auth #:

Service at issue: | Call date / start / stop: | Scheduled (Y/N) / attempts:

Procedural posture

Pending / intent to deny / concurrent review / post-denial / appeal · denial date · appeal deadline

Participants

Treating clinician name, credential, license · payer reviewer name, degree, specialty, title, organization

Clinical points discussed

Symptoms and acuity · function · risk · dated scores · response · alternatives tried · why lower intensity fails today

Criteria cited

Guideline / policy and version · criterion at issue · facts the reviewer relied on

Outcome and authorization

Approved / modified / upheld / pending / informational only · auth #, dates, units · written confirmation expected

Next steps

Action · owner · deadline · appeal filed or calendared

Signature / credentials: | Date and time of entry: