

# Don't Wrack Your Brain About RAC Peer-to Peer



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# What I am Going to Say



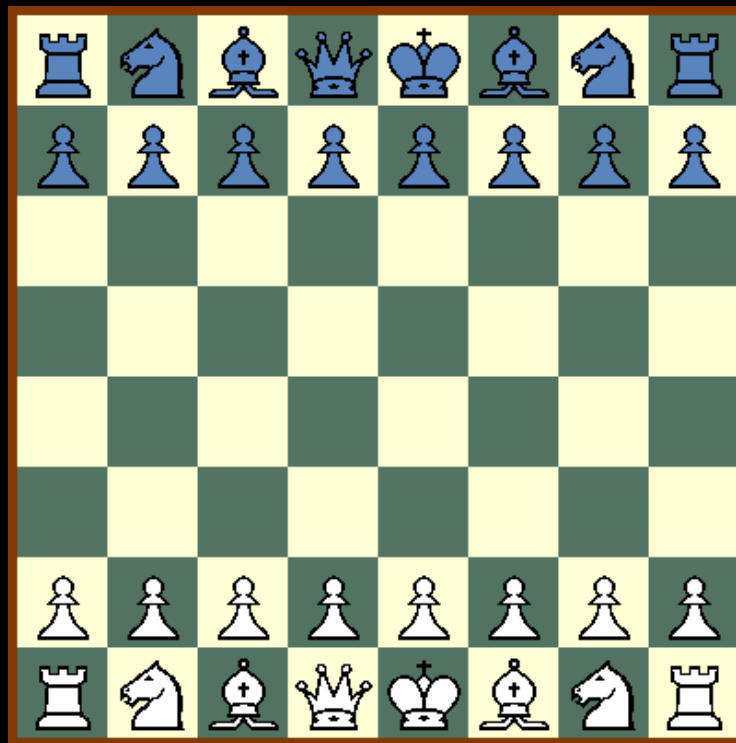
- 1. RAC peer is not Deep Blue**
- 2. RAC P2P is your right**
- 3. RAC P2P is superior to letters**
- 4. Apply peer pressure**
- 5. Tactics are effective**

# Have No Fear of P2P



- They do not know more medicine
- They cannot know the record better
- They only have the power to say “no”

# P2P is Your Right



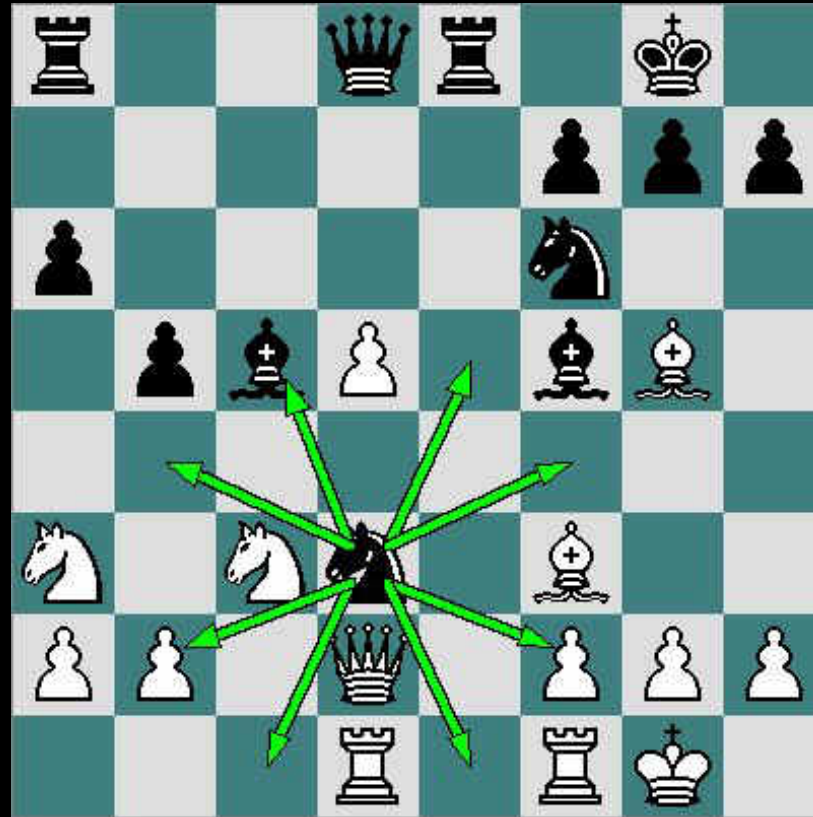
***“... if the physician (or a physician employed by the provider) requests to speak to a physician, that request must be acted upon”***

# Why Bother with P2P



1. Just requesting P2P can result in overturns
2. P2P results in a higher rate of overturns

# Power of the Spoken Word



**Peer pressure works**

# How P2P Works



**Submit P2P request (FAX)**

**P2P Scheduled (E-mail)**

**1-2 minute presentation**

**1-2 minute 'discussion'**

**The decision**

**The next case but...**

**...tactics can help**

# P2P Tactical Principle



***“All that matters in chess is good moves.”***

**Bobby Fischer**

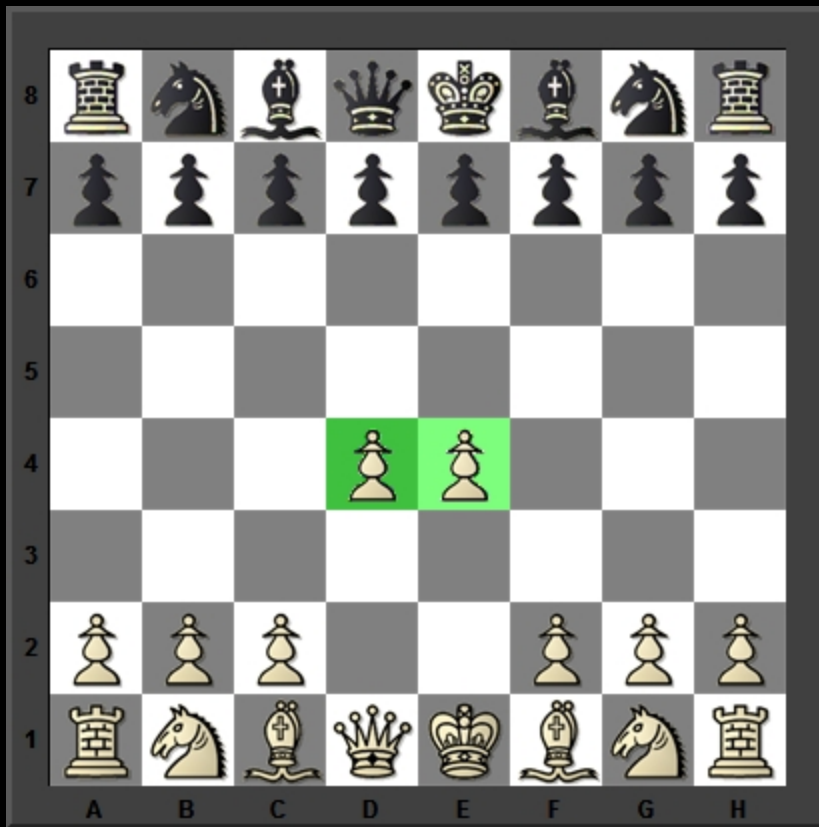


# Prep Work



**Never assume denial**  
**Know your peer**  
**Present strategically**

# Strengths & Flaws

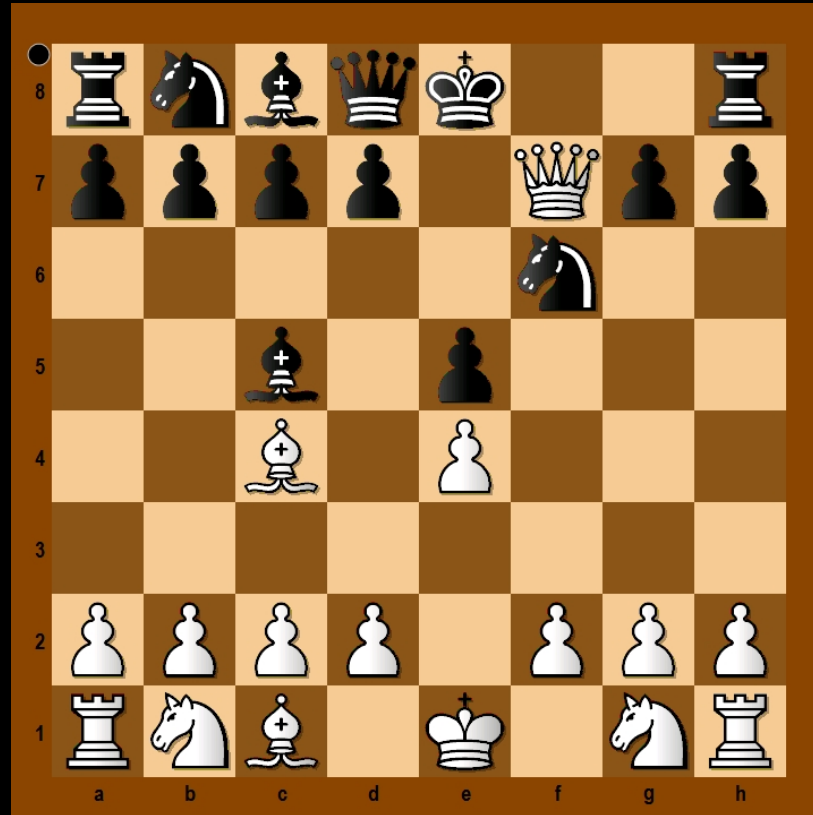


**Know the denial**

**Know the chart**

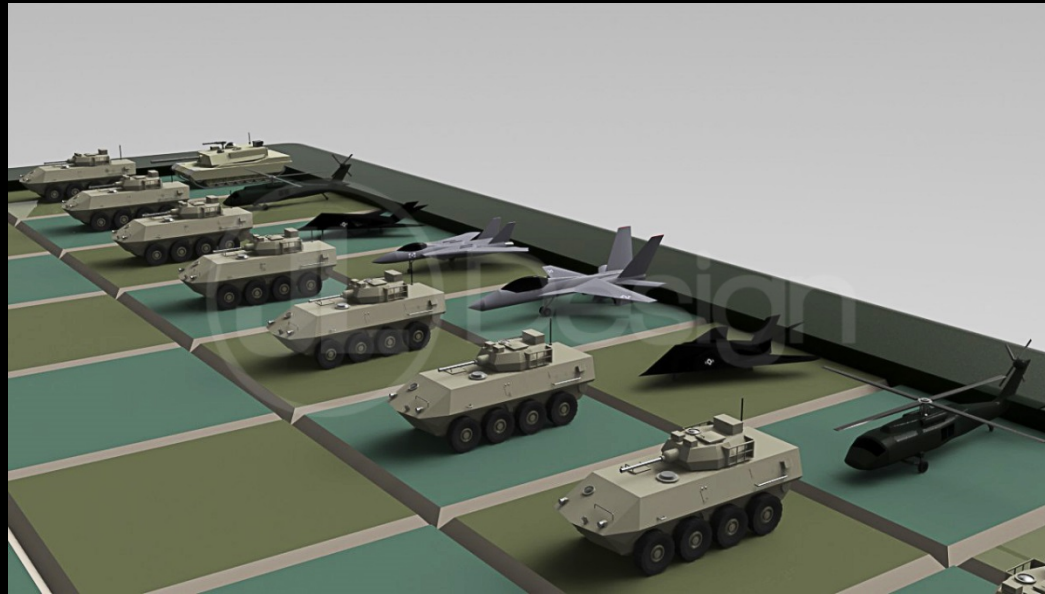
**Know the medicine**

# Get Back Up



**CPT, IQ/MCG experts**  
**Physician Specialists PRN**

# Don't Be Peer Pressured



**Unprofessional Tone?**

**Dismissive Attitude?**

**Request their boss's contact info**

# Apply Peer Pressure



Have a Peer attitude  
Cordially question  
Graciously quarrel  
Mostly move on but...  
...rebut selectively

# What I Have Said



- 1. RAC peer is only a doctor**
- 2. RAC P2P is your right**
- 3. RAC P2P is superior to letters**
- 4. Apply peer pressure**
- 5. Tactics are effective**
- 6. And lastly...**

...always make good moves



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