Peer-to-Peer Discussion Script Template

How to win denied prior authorizations on medical director calls

Pre-Call Preparation (Critical):

■ Print patient chart notes
■ Have payor's coverage policy open (cite section numbers)
■ Note failed conservative treatments with dates
■ Prepare 3 clinical studies that support your case
■ Know the medical director's name (ask when scheduling)

The Script:

Opening (First 30 Seconds):
"Hi Dr. [Name], this is Dr. [Your Name] from [Practice]. Thank you for taking the time to discuss [Patient Initials]'s case. I'm calling regarding the denial for [Procedure/Service] on [Date]. The denial cited lack of medical necessity under policy [Policy Number]. I'd like to walk through the clinical rationale and see if we can reach agreement on coverage."

Why This Works: You've established respect (thanking them), identified the specific case (no time wasted), and framed it as collaborative ("reach agreement" not "overturn your denial").

Clinical Summary (60 Seconds):
"[Patient Initials] is a [Age]-year-old [Gender] with [Primary Diagnosis]. The key clinical findings are:

1. [Most compelling clinical finding with test result/date]
2. [Second finding that matches coverage criteria]
3. [Third finding, preferably objective data]

We attempted conservative management for [X weeks/months] including [Treatment 1], [Treatment 2], and [Treatment 3]. Despite compliance, the patient showed [Specific measurable worsening or lack of improvement].

Based on your policy section [X.X], which requires [Criterion 1], [Criterion 2], and failed conservative therapy, this patient meets all coverage criteria."

Why This Works: You've matched your clinical summary to THEIR policy language. Medical directors are looking for policy compliance, not just clinical justification.

Handling Objections:

Objection: "The documentation doesn't support medical necessity."
Response: "I appreciate that feedback. Can you tell me specifically which criterion wasn't met? I have the chart notes here and can clarify any section that wasn't clear in the initial submission."
(Then address the specific gap. Often they'll realize the documentation WAS there but they missed it.)

Objection: "There's an alternative treatment that should be tried first."
Response: "That's a fair point. We did trial [Alternative Treatment] from [Date] to [Date]. The results were [Outcome]. I can send you the documentation if that wasn't included in the original submission. Would that change your assessment?"

Objection: "This is considered experimental/investigational."
Response: "I understand that concern. However, [Procedure] is endorsed by [Professional Society] as standard of care for [Condition]. I have the clinical practice guideline here that specifically recommends this intervention for patients meeting [Criteria]. The evidence base includes [Number] randomized controlled trials. Would you like me to cite those studies?"

Objection: "The patient doesn't meet severity threshold."
Response: "Let me clarify the severity markers. The patient has [Specific measurable finding] which is [X%] beyond the normal range. They've had [Number] failed treatments over [Timeframe]. At what clinical threshold would this case meet your criteria for approval?"
(This forces them to state a clear bar. Often they'll realize the patient DOES meet it.)

Closing (If They Agree):
"Thank you, Dr. [Name]. I appreciate you taking the time to review this case with me. Can you confirm the approval will process within [24-48 hours]? And will I receive written confirmation via [Portal/Fax/Email]?"

Closing (If They Still Deny):
"I appreciate your time, Dr. [Name], but I respectfully disagree with this determination. Can you provide me with the specific policy section and clinical rationale for the continued denial in writing? I'd like to review that with my clinical team before deciding on next steps."

(This signals you're escalating. Many medical directors will hedge at this point and offer a partial approval or request more documentation.)

Post-Call Documentation:

■ Note date/time of call
■ Record medical director's name and credentials
■ Summarize discussion and outcome
■ If denied: Note specific reason given
■ If approved: Get reference number and follow up in 24 hours to confirm processing

Pro Tips:

• Never argue. Stay clinical and collaborative.
• Use their policy language verbatim (not your clinical judgment language).
• Have objective data ready (lab values, imaging findings, functional scores).
• If they cite cost, redirect to clinical outcomes (they can't legally deny based on cost alone).
• Request supervisor review if you're getting stonewalled.

Success Rate: Peer-to-peer discussions overturn 60-70% of initial denials when done well. The key is preparation and policy alignment.