**Date:** [Date]

**To:** [Requesting Physician Name]
**Facility:** [Facility Name]
**Fax/Email:** [Contact Information]

**Re: Post-Denial Peer-to-Peer Clinical Review Summary**
**Patient Name:** [Patient Name]
**Date of Birth:** [DOB]
**Member ID:** [ID Number]
**Reference Number:** [Original Denial Reference Number]

Dear Dr. [Physician Last Name],

This letter summarizes the Peer-to-Peer clinical review conducted on [Date] between yourself and [Medical Director Name] regarding the previously denied request for [Service/Procedure/Medication Name].

**Clinical Discussion Summary:**
During our discussion, additional clinical information was provided concerning [briefly mention specific clinical detail, e.g., failure of conservative therapy, specific lab results, or comorbidities]. This information clarified the medical necessity of the requested service that was not fully captured in the initial documentation.

**Final Determination:**
Based on the supplemental clinical data provided during this review, the original denial has been **overturned**. The requested service is now **authorized**.

**Authorization Details:**

- **Authorization Number:** [New Auth Number]
- **Approved Service:** [CPT/HCPCS Code and Description]
- **Validity Period:** [Start Date] to [End Date]
- **Approved Units/Days:** [Quantity]

Please include the Authorization Number listed above on all future claims related to this specific service. This authorization is subject to the patient's eligibility and benefits at the time of service.

If you have any further questions, please contact our Clinical Review Department at [Phone Number].

Sincerely,

[Medical Director Signature/Name]
[Title]
[Organization Name]