

KATIE BECKETT PART A PHYSICIAN REQUEST FOR PEER TO PEER REVIEW FORM

Child's Name:	Last 4 digits of SSN:
Age:	Date of Birth:

If you have applied for the Katie Beckett Program for your child and the child has been approved for Part B but has been denied for Part A, you can submit a request to have your child's treating physician talk with the TennCare designated physician. This is called a Peer-to-Peer Review Request. The purpose of this request is to allow the treating physician the opportunity to present additional information about your child's medical, behavioral, or functional needs to determine if the child's level of care assessment has changed. To be eligible for Katie Beckett Part A, your child must meet institutional level of care and your child's treating physician must certify that the child meets the medical necessity criteria detailed below and that the necessary services can be safely provided at home. If you would like to request a Peer-to-Peer Review, please check the box below and sign. Then you will need to take the form to your doctor to complete.

I would like to request a peer-to-peer review for the above-named applicant.

	X	
Print Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian	Date

The information below is to be filled out, ONLY by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist. All fields are required to be completed.

Please check one:

- I agree to participate in a peer-to-peer review for the above-named applicant.
- I do not agree to participate in a peer-to-peer review for the above-named applicant.

If you agree to participate in a peer-to-peer review, you will need to fill out the information below. You must provide your hours of availability and current contact information for us to reach you.

Monday	Tuesday	Wednesday	Thursday	Friday
Time:	Time:	Time:	Time:	Time:
Contact Number (required):			Email:	

Print Name of Treating Clinician	Certifying Credentials
X	
Signature of Treating Clinician	Date

KATIE BECKETT PART A PHYSICIAN
REQUEST FOR PEER TO PEER REVIEW FORM

ATTENTION: This form must be returned to TennCare Long Term Services and Supports

Do you have questions?

You can mail your form to:

TennCare Long Term Services and Supports
c/o Appeals, 2 East
310 Great Circle Road
Nashville, TN 37243

OR you can fax this form to 615-734-5411.

Call Long Term Services and Supports (LTSS) for free at 1-877-224-0219. In Nashville, call 615-507-6964.