



TEXAS ORTHOPAEDIC ASSOCIATION

ADMINISTRATIVE OFFICE

401 West 15th Street, Suite 820

Austin, Texas 78701-1680

(512) 370-1505; FAX (512) 370-1515

www.toa.org

TOA wishes to give members a forum to document their Peer to Peer Reviewer complaints so that we can carefully analyze those complaints before sending them to TDI/DWC.

Your participation can help us change the process - so please take the time to log this information!

- This information needs to be collected for a month beginning mid September and ending mid October. A form is being provided for members to complete. Please review the instructions at the bottom for completing and submitting the form.
- An individual form should be filled out for each patient in this peer review process. It should be easier to log individual cases as they occur that need to be sent in and submitted via fax to TOA at the end of each working day.
- Use only your office's internal patient account number or code so only you will be able to link the patient with each complaint. **Please remember!...NO** social security numbers or patients' names because we need to be sure we are HIPAA compliant.
- Complete the questions regarding insurance companies (i.e. Texas Mutual) and preauthorization companies (i.e. Intracorp) and most importantly, the Peer Reviewer's information including license number or State the reviewer practices.
- The form **MUST** be completed by the physician as there are questions that only the physician can answer, however, there are parts that could be filled out by office staff.
- The form can be filled out by printing the form out each time one is needed and then faxing the completed form to **(512)-370-1515**. *Please try to send it in each day.*

Thank You!



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PEER REVIEWER IDENTIFICATION SURVEY

Please fax completed survey to: (512)-370-1515

Orthopedist Name: _____

Orthopedic Group: _____

Patient Number: _____

Insurance Carrier Name: _____

Pre-Authorization Company Name: _____

Peer Reviewer Name: _____

Peer Reviewer TX License # or
State that the Peer Reviewer practices: _____

Peer Reviewer Specialty: _____

Date & Time of Peer Review request: _____

Peer Review call back time limit
(e.g. Noon next day): _____

Date & Time the call back was made: _____

Did the Peer Reviewer have all the case
information: _____

Information Peer Reviewer didn't have
(e.g. MRI reports, PT progress): _____

What was the outcome of the Peer Review? _____

Did the Peer Review explain rationale for
denying or approving? _____

Additional Comments: _____
