Appeal packet: Texas utilization review: provider appeal

SAMPLE: made-up case, no real patient. The choices below are made up to show the format. The blanks stay blank.

From (appellant)	[PRACTICE NAME]
Address	[PRACTICE ADDRESS]
Phone / fax	[PHONE] / [FAX]
Responsible physician	[CLINICIAN NAME], [CREDENTIALS]
Patient	[PATIENT NAME], born [DATE OF BIRTH]
Member / beneficiary ID	[MEMBER ID]
Plan	[PLAN NAME] (Texas fully insured HMO)
Service appealed	lumbar spine MRI, no dye (CPT 72148)
Diagnosis	[DIAGNOSIS]
Denial reference	[DENIAL REFERENCE]
Date of denial	[NOTICE DATE]

Blanks in square brackets are filled by the practice, in its own system, before the physician signs. This packet holds no patient name, birth date, ID number or date.

Left out of the plan's table because they apply only in some cases: Stated reason: a change in findings that would change the plan of care. If one applies to this patient, the physician ticks it and rebuilds the packet before signing.

In this packet

- Appeal letter from [PRACTICE NAME]
- Criteria table: what the records show, marked Shown or Not shown
- Exhibit list: what to pull from the chart, with a page blank for each
- Deadline sheet
- One-page peer-to-peer brief
- Physician review and signature

  This packet is built from templates and the choices the practice made. No AI model read or wrote any part of it. Nothing leaves the practice until the named physician has reviewed and signed it.

This packet is not a substitute for the advice of an attorney.

Appeal letter

[DATE SENT]

To: Appeals, [PLAN NAME] (Texas fully insured HMO), fax [PLAN FAX]

Patient	[PATIENT NAME], born [DATE OF BIRTH]
Member / beneficiary ID	[MEMBER ID]
Plan	[PLAN NAME] (Texas fully insured HMO)
Service appealed	lumbar spine MRI, no dye (CPT 72148)
Diagnosis	[DIAGNOSIS]
Denial reference	[DENIAL REFERENCE]
Date of denial	[NOTICE DATE]

[PRACTICE NAME] is the patient's treating provider and the appellant. Under Texas Insurance Code section 4201.354 an adverse determination may be appealed by the enrollee's physician or other health care provider. We appeal the denial of lumbar spine MRI, no dye (CPT 72148) dated [NOTICE DATE].

The reason the plan gave

Conservative care not shown (reason class). Notice wording: [practice adds from the notice].

Answer to the plan's reason

The plan said conservative care was not shown. The rows on care tried before this service point to the chart pages that record what was tried and why it was not enough or could not be tolerated. In the enclosed table: rows 2, 3 and 4 (exhibits B and C).

What the records show

- The patient has leg pain with nerve findings on exam.
- The patient had six or more weeks of treatment other than imaging.
- The patient completed physical therapy or a home exercise program.
- The patient took medicine for the symptoms.

The criteria table lists the reason the plan gave, what the records show in answer, and the page where it appears.

What we ask

- Send us the description and source of the screening criteria and review procedures used in this decision. Section 4201.303(a)(3) says a notice of an adverse determination must include them.
- Have a physician licensed to practice medicine decide this appeal (section 4201.356(a)).
- Acknowledge this appeal in writing. Section 4201.355(a) sets five working days from receipt.
- Decide the appeal and give written notice within 30 calendar days of receipt (section 4201.359(a)). If the denial stands, the notice must state the clinical basis, the specialty of the reviewer, and the right to review by an independent review organization (section 4201.359(b)).

Contact: [PHONE], fax [FAX].

Sincerely, [PRACTICE NAME]

Criteria table

The plan's own screening criteria are not quoted here. Each row is a reason the plan gave, answered with what the records show. The letter asks the plan for its criteria under section 4201.303(a)(3).

#	Reason the plan gave	What the records show	Exhibit	Shown / Not shown
1	Stated reason: leg symptoms with nerve findings	The patient has leg pain with nerve findings on exam.	A	Shown: found in chart, page ____
2	Stated reason: six weeks of treatment other than imaging	The patient had six or more weeks of treatment other than imaging.	B, C	Shown: found in chart, page ____
3	Stated reason: therapy or exercise tried	The patient completed physical therapy or a home exercise program.	B	Shown: found in chart, page ____
4	Stated reason: medicine tried	The patient took medicine for the symptoms.	C	Shown: found in chart, page ____
5	Plan's description and source of the screening criteria (Ins. Code 4201.303(a)(3))	Requested in this appeal	D	Asked of the plan

Shown: the office ticked this box; write the chart page in its blank. Asked of the plan: this request asks the plan for it.

Rule version used: the version of Texas Insurance Code chapter 4201 in force when this appeal is sent. The plan's own criteria are asked for, not quoted.

Exhibit list

Each exhibit is part of the practice's own chart. The practice pulls it, writes its pages in the blank, and puts it behind this list in letter order. This service holds none of these pages.

Exhibit	What to pull from the chart	Criteria rows	Pages
A	Visit notes with the leg symptoms and the nerve exam	1	page ____
B	Therapy or home exercise notes	2, 3	page ____
C	The medicine list or prescribing notes	2, 4	page ____
D	The plan's denial notice	5	page ____

A row marked Shown needs its page in the blank before the physician signs. If the chart has no page for an exhibit, write none in its blank; the rows it supports stay Not shown.

Deadline sheet

Which clock applies: Standard pre-service appeal (Texas). Each rule is in words, with a blank for the date.

What	When	Source
Appeal sent	Date: _____	Practice
Plan acknowledges in writing	5 working days from receipt. Last day: _____	Ins. Code 4201.355(a)
Plan decides and gives written notice	30 calendar days from receipt of the appeal. Last day: _____	Ins. Code 4201.359(a)
Ask for same or similar specialty review	By the 10th working day after the appeal is requested or denied	Ins. Code 4201.356(b)
If the denial stands	Review by an independent review organization; the notice must explain how	Ins. Code 4201.359(b)(3)

This packet holds no dates for the patient. Read each date off the plan's notice, count working days without weekends and holidays, and write the last day in each blank. Confirm that the plan is regulated by the Texas Department of Insurance before relying on chapter 4201 dates. The last day to file the appeal itself is counted from the date on the denial notice. Read the filing window on the notice, count calendar days from that date, and write the last day in its blank.

Peer-to-peer brief (one page)

Patient	[PATIENT NAME], member ID [MEMBER ID]
Request	lumbar spine MRI, no dye (CPT 72148)
Denial reference	[DENIAL REFERENCE]
Physician on the call	[CLINICIAN NAME], [CREDENTIALS]

Say first

I am the treating physician. We appealed the denial before care. I would like to go through the reason the plan gave and what the records show.

The plan's reason

The plan said: Conservative care not shown. The rows that answer it: 2, 3 and 4.

Points, strongest first

- Row 2. The patient had six or more weeks of treatment other than imaging. (Stated reason: six weeks of treatment other than imaging; chart page ____)
- Row 3. The patient completed physical therapy or a home exercise program. (Stated reason: therapy or exercise tried; chart page ____)
- Row 4. The patient took medicine for the symptoms. (Stated reason: medicine tried; chart page ____)
- Row 1. The patient has leg pain with nerve findings on exam. (Stated reason: leg symptoms with nerve findings; chart page ____)

Ask the reviewer

- Which requirement, if any, do you see as not met?
- Which page of the record would show it to you?
- What screening criteria did the plan use, and what is their source?
- Can the denial be reversed on this call, or after the missing page is sent?

Write down after the call

- Reviewer name and specialty
- Date and time of the call
- Any item the reviewer says is missing
- Next step and who owns it

Physician review and signature

Nothing in this packet is sent until the physician below has read it against the patient's records.

Name	[CLINICIAN NAME]
Credentials	[CREDENTIALS]
NPI	[NPI]
Date	_____

Attestation: I have reviewed this packet against the patient's records. Each statement is supported by the records or is marked for my change. I approve it to be sent.

Signature: _____

Date: _____

This packet is not a substitute for the advice of an attorney.