Appeal packet: Request for specialty review of an 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 decompression for a narrowed canal (CPT 63047)
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.

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
- 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.

SAMPLE: made-up case, no real patient

Request for specialty review

[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 decompression for a narrowed canal (CPT 63047)
Diagnosis	[DIAGNOSIS]
Denial reference	[DENIAL REFERENCE]
Date of denial	[NOTICE DATE]
Appeal denied on	[NOTICE DATE]

[PRACTICE NAME] is the patient's treating provider. The plan denied our appeal of the lumbar decompression for a narrowed canal decision on [NOTICE DATE]. We ask that the denial be reviewed by a health care provider of the same or a similar specialty as the provider who would typically manage this condition and treatment.

Texas Insurance Code section 4201.356(b) provides that when the enrollee's health care provider makes this request not later than the 10th working day after the appeal is requested or denied, a provider of the same or a similar specialty reviews the denial, and that the specialty review must be completed within 15 working days of the request.

The reason the plan gave

Not medically necessary (reason class). Notice wording: [practice adds from the notice].

Answer to the plan's reason

The plan's reason turns on a clinical judgment about whether this care is needed. A reviewer in the same or a similar specialty is the one to make it.

Why this specialty

- The appeal denial notice does not name the specialty of the reviewer.
- The requesting physician is board certified in the specialty that manages this condition.
- This condition is normally managed by a surgeon or a specialist.

What we ask

- Name the specialty of the reviewer who made the appeal decision (section 4201.359(b)(2) requires a denied appeal's notice to state it).
- Assign a reviewer in the specialty named above, or a similar one, and confirm in writing.
- Complete the review and send written notice within the time in section 4201.356(b).
- Offer a peer-to-peer conversation between our physician and the reviewer if the plan has that process.

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	Specialty of the reviewer who decided the appeal is stated in the notice	The appeal denial notice does not name the specialty of the reviewer.	A	Shown: found in chart, page ____
2	Requesting physician's specialty	The requesting physician is board certified in the specialty that manages this condition.	B	Shown: found in chart, page ____
3	Specialty that would typically manage the condition	This condition is normally managed by a surgeon or a specialist.	C	Shown: found in chart, page ____
4	Plan's description and source of the screening criteria (Ins. Code 4201.303(a)(3))	Requested in this appeal	A	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 request 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	The plan's appeal denial notice	1, 4	page ____
B	The requesting physician's board certification	2	page ____
C	Notes or the plan of care that show who manages this condition	3	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: Specialty review (Texas). Each rule is in words, with a blank for the date.

What	When	Source
Appeal denied	Notice date: _____	Plan notice
Last day to ask for specialty review	10th working day after the appeal is denied. Last day: _____	Ins. Code 4201.356(b)
Request sent	Date: _____	Practice
Specialty review completed by	15 working days from receipt. Last day: _____	Ins. Code 4201.356(b)

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.

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.