



Overview of Reviews and Appeals

Concurrent Reviews:

The Texas Medicaid & Healthcare Partnership (TMHP), the HHSC claims processing contractor for Texas Medicaid fee-for-service claims, may conduct concurrent reviews for medical necessity at time of billing. In cases where claim documentation does not support medical necessity, the service is not a client benefit, or the patient was not Medicaid eligible, payment may be denied or adjusted. Questions regarding this review process and initial appeals should be directed to [TMHP](#).

These payment decisions cannot be appealed to HHSC Medical and UR Appeals until all appeal processes with TMHP have been exhausted. Further information may be found in the Texas Medicaid Provider Procedures Manual (TMPPM) Volume 1: Section 7: Appeals.

Retrospective Utilization Reviews:

Texas Medicaid fee-for-service claims may also be reviewed retrospectively for overpayment by various HHSC programs or contractors, including the HHSC Office of Inspector General (OIG) Utilization Review (UR) Unit, TMHP, and/or the Recovery Audit Contractor (RAC), currently Health Management Systems, Inc. (HMS). These utilization review processes are mandated by federal and state laws and regulations.

Documentation is reviewed to determine if it supports claims for medical necessity at the level of care billed and the appropriateness of billing, as well as, to assess quality of care. If a review finds issues in one or more of these areas, a notice of adverse determination, or decision letter, is sent to the provider, and payment may be adjusted, including full recoupment.

Questions regarding these review processes should be directed to the HHSC program or contractor that issued the decision letter.

Provider Response to Adverse Utilization Review Determination:

Providers should evaluate each adverse determination to identify issues or trends that should be addressed within their own systems. If after internal case review, the provider disagrees with the adverse determination, the case may be appealed to HHSC Medical and UR Appeals, which is independent from the HHSC program or contractor that issued the adverse determination.

UR appeals are formal written requests for the HHSC Medical and UR Appeals Unit to perform independent reviews of the medical records and other documents related to these adverse determinations. To be considered for review, an appeal request must be submitted according to specific timelines, contain specific documents, and meet other requirements as described in the Texas Administrative Code (TAC), the TMPPM, notices from HHSC Medical UR Appeals, and information on this website. An appeal review may result in upholding the original review decision, overturning the original review decision, or additional findings, which may result in further claims adjustment.