



Tips for Submitting an Appeal Letter (for other than RAC Decisions)

Submitters should be mindful of the following when drafting an appeal letter for adverse decisions/determinations that are not RAC appeals:

- Decisions/determinations were not made by HHSC Medical and UR Appeals, which is independent from whichever entity made the determination.
 - It is incorrect to attribute to HHSC Medical and UR Appeals, or any other program or entity other than the one that issued the determination.
 - For example, it is incorrect to reference “your decision” or “your letter” when addressing HHSC Medical and UR Appeals, because HHSC Medical and UR Appeals did not make the decision or issue the letter.
- If using a template, ensure all references are correct.
- Any references to specific dates and letters should be verified for accuracy prior to submission.
- Issues or findings mentioned in the notice of adverse determination or decision letter must be addressed.
- HHSC Medical and UR Appeals uses clinical judgement, rather than admission screening criteria such as Milliman (MCG) or InterQual.
 - The appeal logic should not rely solely on the provider’s interpretation of MCG or InterQual guidelines.
 - As stated in the TMPPM, HHSC Medical and UR Appeals bases their decision on review of all documentation submitted on appeal and not on screening criteria.
 - Providers should cite documentation contained in the medical record and explain how it supports medical necessity and/or complies with Medicaid policy.

- The physician’s documentation of patient condition and medical decision making is particularly important. A simple restating of the clinical facts of the case does not explain why the decision was incorrect.
- Details in the medical record that clearly support the Provider’s statements should be cited.
 - The body of the appeal letter should reference the location of key elements supporting admission, with dates and times, such as, admission orders, observation orders, ED physician notes, H&P, operative notes, notes for each hospital day, and the discharge summary.
 - If the submitted record was page numbered, inclusion of the page is helpful.
- HHSC Medical and UR Appeals reviews the claim in its entirety, including medical necessity, accuracy of diagnoses, quality of care, and policy benefits; therefore, it may be necessary to explain medical necessity for inpatient services, as well as the initial DRG coding. If medical necessity is not met, diagnoses are not supported, or the service was not a Medicaid benefit, the claim may be subject to further adjustments, including possible recoupment.
- If a procedure is considered by Texas Medicaid policy to be an outpatient procedure, details in the medical record should be cited that clearly support the rationale for the medical necessity of performing the procedure as an inpatient procedure.
- If the case is a readmission denial, the appeal letter should address medical necessity issues for the preceding admissions and explain why the readmission was not preventable or was not a continuum of care from the previous admission.
- If the patient’s eligibility is limited to Medicaid “Emergency Services Only,” appeal letters should explain how criteria for an emergency medical condition were met and persisted, as defined in HHSC Form H3038 and the TMPPM.
 - The condition(s) that met criteria should be identified, as well as the start and end time of the limited period during which the emergency condition existed.
 - Any treatment after the emergency condition has been stabilized is not considered to be a benefit.
 - Treatment of chronic, non-acute conditions and scheduled and routine procedures, such as routine dialysis, chemotherapy, or

physical/occupational therapy, are generally not considered emergencies.

- If the case is a DRG revision, most decisions are based on clinical validation, which is outside of the scope of coding.
 - Clinical validation involves a clinical review of the case to see whether the patient truly possessed the conditions (diagnoses) that were documented in the medical record, and if the diagnoses were properly sequenced.
 - Clinical validation is beyond the scope of DRG (coding) validation and the skills of a certified coder.
 - This type of review can only be performed by a clinician.
- Attached is an example of a letter template that may be helpful to providers to ensure inclusion of information required to procedurally constitute a valid appeal.
 - If there is any discrepancy or conflict between this example letter and Medicaid policy or decision letter instructions, the provider should contact HHSC Medical and UR Appeals at Utilization_Appeals@hhsc.state.tx.us for clarification.
 - This example letter was last revised March 2022.

May 28, 2020

**HHSC Medical and UR Appeals
Mail Code H-230
PO Box 85200
Austin, TX 78708**

Submitted via [mail/express delivery service - tracking number if available]

Provider Name: [Insert Provider Name]
TPI number: [Insert 9-digit Provider TPI Number]
Client Name: [Insert Client First and Last Name]
Medicaid Number: [Insert 9-digit Client Medicaid Number]
Dates of Service: [Insert first Date of Service] thru [Insert final Date of Service]
{Note: dates should be for the entire episode of care for the medical records submitted.}
ICN: [Insert the 24-digit ICN case number assigned by Medicaid]
Decision by: [Insert entity name, such as HHSC OIG Utilization Review Unit, TMHP - not a generic "HHSC," "OIG" or "Medicaid"]
Decision Appealed: [Admission Denial], [Denied Days], [Cost-Outlier], [(TMHP) Medical Necessity], etc.
Date of Decision Letter: [Insert date from the notification letter for the specific decision being appealed]

Dear HHSC Medical and UR Appeals:

{Insert request option (1) or (2), as appropriate for the author}

(1) {If the provider is the author of the letter, include:}

[Insert Provider Name] requests that HHSC Medical and UR Appeals conduct an appeal review of the [adverse determination/decision] by [entity] for the above referenced claim. A copy of the decision letter for this claim is attached.

Or

(2) {If a third-party company is the author of the letter, include:}

On behalf of [Insert Provider Name], [Insert Third-Party Company Name] requests that HHSC Medical and UR Appeals conduct an appeal review of

the [adverse determination/decision] by [entity] for the above referenced claim. A copy of the decision letter for this claim is attached.

[Insert Third-Party Company Name] is authorized to submit this appeal as per the attached provider representation agreement.

[Insert Third-Party Company Name] understands that any correspondence regarding this appeal will be sent to [Insert Provider Name] and [Insert Third-Party Company Name] has made arrangements with [Insert Provider Name] to coordinate receipt of any requests for additional information and decision letters.

{For all Appeals, include:}

[Insert Provider Name] has carefully reconsidered the merits of this appeal based on the details of the supporting documentation located in the submitted medical records.

[Insert Provider Name] maintains that the decision was incorrect for the following reasons:

[Insert explanation of rationale for why the decision was incorrect. When preparing explanation, the author should keep in mind the items previously outlined above.]

Example Explanation:

[Insert Provider Name] disagrees with this finding because: [Detail the reasons for disagreement with the issues].

This is supported by the medical record in the following locations: [List specific medical record locations].

[Insert concluding comments]

[Insert Signature block, which should include a contact telephone number and/or email address]