



HHSC Medical and UR Appeals Review Process

HHSC Medical and UR Appeals Review Process:

- The HHSC Medical and UR Appeals Unit is responsible for conducting independent reviews of certain provider appeals.
- The professional staff uses only the documentation submitted in the medical record to determine whether an inpatient admission was appropriate and whether the diagnoses and procedures were correct.
- The HHSC Medical and UR Appeals physician or designee performs a complete review for the medical necessity of inpatient admission, DRG validation, quality of care, continued stay medical necessity, accuracy of billing for the client's eligibility, such as Emergency Medicaid Only or ancillary charges, using the documentation submitted on appeal. The review is not limited to only the issue cited in the appeal.
- After completion of the review, the physician or designee renders a final decision on the case.
 - The final decision may include determinations regarding multiple aspects of the admission.
 - The decision may result in only a partial refund or in an additional recoupment of funds.

Policies and procedures related to Appeals to HHSC Medical and UR Appeals:

- Texas Medicaid Policies
 - [Texas Medicaid Provider Procedures Manual \(TMPPM\) Volume 1: Section 7: Appeals \(7.3.3 for Utilization Review Appeals\)](#)
 - [TMPPM Volume 2: Inpatient and Outpatient Hospital Services Handbook](#)

- Texas Administrative Code (TAC) Rules
 - [1 TAC § 354.2201](#) - General\Definitions
 - [1 TAC § 354.2217](#) - Provider Appeals and Reviews
 - [1 TAC § 371.208](#) - Appeals Related to Utilization Review
Department Review Decisions