# Appeal packet: Texas utilization review: provider appeal

**SAMPLE: made-up case, no real patient. Names, dates and records below are invented to show the format.**

| | |
|---|---|
| From (appellant) | Sample Spine Associates, PA |
| Address | 100 Sample Street, Sampleville, TX 00000 (sample) |
| Phone / fax | 000-000-0000 (sample) / 000-000-0001 (sample) |
| Responsible clinician | Dr. Sam Sample, MD, orthopedic spine surgery (sample) |
| Patient | Pat Example, born 01/01/1960 (sample) |
| Member / beneficiary ID | SAMPLE-0000 (not a real ID) |
| Plan | Sample Texas HMO |
| Service appealed | MRI of the lumbar spine without contrast (CPT 72148) |
| Diagnosis | Lumbar radiculopathy (sample) |
| Denial reference | SAMPLE-REF-0002 |
| Date of denial | October 1, 2026 |

## In this packet

- Appeal letter from Sample Spine Associates, PA
- Criteria table: what the records show, with page references
- Deadline sheet
- Clinician review and signature

This packet is built from templates and the facts the practice entered. No software model read or wrote any part of it. Nothing leaves the practice until the named clinician has reviewed and signed it.

# Appeal letter

October 6, 2026

To: Appeals, Sample Texas HMO, fax 000-000-0003 (sample)

| | |
|---|---|
| Patient | Pat Example, born 01/01/1960 (sample) |
| Member / beneficiary ID | SAMPLE-0000 (not a real ID) |
| Plan | Sample Texas HMO |
| Service appealed | MRI of the lumbar spine without contrast (CPT 72148) |
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| Date of denial | October 1, 2026 |

Sample Spine Associates, PA 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 MRI of the lumbar spine without contrast (CPT 72148) dated October 1, 2026.

## The reason the plan gave

Not medically necessary: the notice says there is no record of six weeks of treatment other than imaging (sample wording).

## What the records show

- Leg pain below the knee for 11 weeks, with a positive straight leg raise on the left at the visit on August 18, 2026 (Sample chart, page 3).
- Eight weeks of physical therapy, September to October 2026, 14 visits (Sample chart, pages 6 to 8).
- Daily anti-inflammatory medicine for 9 weeks (Sample chart, page 4).
- Left big toe extension weakness, 4 of 5, on October 1, 2026 (Sample chart, page 10).

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; counted from the send date that is about October 13, 2026.
- 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: 000-000-0000 (sample), fax 000-000-0001 (sample).

Sincerely, Sample Spine Associates, PA

## 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 | Where the records show it | Page |
|---|---|---|
| Stated reason: no record of six weeks of treatment other than imaging | Eight weeks of physical therapy, 14 visits | 6 to 8 |
| Stated reason: treatment other than imaging not shown (medicine) | Daily anti-inflammatory medicine for 9 weeks | 4 |
| Stated reason: no change in findings that would change the plan of care | New left toe extension weakness, 4 of 5 | 10 |
| Plan's description and source of the screening criteria (Ins. Code 4201.303(a)(3)) | Not stated in the denial notice; requested in this appeal | [clinician to confirm] |

A row marked [clinician to confirm] has no page reference yet. The clinician fills it or removes the claim before signing.

# Deadline sheet

| What | When | Source |
|---|---|---|
| Appeal sent | October 6, 2026 | Practice |
| Plan acknowledges in writing | October 13, 2026 (5 working days from receipt) | Ins. Code 4201.355(a) |
| Plan decides and gives written notice | 30 calendar days from receipt of the appeal | 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) |

Working days here skip weekends only. The office confirms holidays and the date the plan received each paper. Confirm that the plan is regulated by the Texas Department of Insurance before relying on chapter 4201 dates.

## Clinician review and signature

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

| | |
|---|---|
| Name | Dr. Sam Sample |
| Credentials | MD, orthopedic spine surgery (sample) |
| NPI | 0000000000 (sample) |
| 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: _____