Appeal packet: Request for specialty review of an 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	Lumbar laminectomy for spinal stenosis (CPT 63047)
Diagnosis	Lumbar spinal stenosis with neurogenic claudication (sample)
Denial reference	SAMPLE-REF-0003
Date of denial	September 10, 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.

SAMPLE: made-up case, no real patient

Request for specialty review

October 16, 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	Lumbar laminectomy for spinal stenosis (CPT 63047)
Diagnosis	Lumbar spinal stenosis with neurogenic claudication (sample)
Denial reference	SAMPLE-REF-0003
Date of denial	September 10, 2026
Appeal denied on	October 13, 2026

Sample Spine Associates, PA is the patient's treating provider. The plan denied our appeal of the Lumbar laminectomy for spinal stenosis decision on October 13, 2026. 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.

Why this specialty

- The surgery would normally be managed by an orthopedic or neurological spine surgeon.
- The appeal denial notice does not name the specialty of the reviewer who decided it (Sample denial notice, page 2).
- The requesting clinician is board certified in orthopedic spine surgery (sample).

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 clinician and the reviewer if the plan has that process.

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
Request made by the enrollee's health care provider	Sample Spine Associates, PA is the treating practice	1
Request made within 10 working days of the appeal denial	Appeal denied October 13, 2026; request sent October 16, 2026	1
Specialty of the reviewer who decided the appeal is stated in the notice	Not stated in the denial notice	2
Specialty that would typically manage the condition	[clinician to confirm]	[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 denied	October 13, 2026	Plan notice
Last day to ask for specialty review	October 27, 2026 (10th working day)	Ins. Code 4201.356(b)
Request sent	October 16, 2026	Practice
Specialty review completed by	November 6, 2026 (15 working days from receipt)	Ins. Code 4201.356(b)

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: _____