Utilization Review Appeals

HMOs require that some health care services be preauthorized prior to your physician or health care provider performing the services. Sometimes HMOs use companies called Utilization Review Agents (URAs) to perform the preauthorization for them. When the HMO or URA denies, reduces or terminates services for reasons related to medical necessity or appropriateness of service this is called an adverse determination. The HMO or URA will notify you, or the person acting on your behalf and your physician or health care provider of their decision.

If the HMO or URA denies the request, the next step is to request reconsideration of the denial. This is referred to as an appeal. You or your physician or health care provider may appeal this decision to the HMO or URA. The adverse determination letter will instruct you on where to file your appeal.

The HMO or URA must complete an appeal:

- (a) Within one (1) working day from the date all information necessary to complete the appeal is received in cases involving emergency care denials, denials of care for life-threatening conditions, and denials of continued stays for hospitalized patients; and
- (b) Within 30 days for all other cases that do not involve expedient circumstances.

The HMO or URA will notify you, or the person acting on your behalf and your physician or health care provider of their appeal decision.

If the HMO or URA denies the services after your appeal you then have the right to have your case reviewed by an Independent Review Organization (IRO). The appeal denial letter will explain how to file for an independent review and provide you with the form. You may also see http://www.tdi.texas.gov/hmo/iro_requests.html for information on how to file an IRO request.

If you have a life threatening condition you are not required to file an appeal with the HMO or URA prior to requesting an independent review.