

RAC Appeal Request Information Form

This form MUST be completed and submitted with each Appeal Request.

- This form is available as a fillable PDF on the Texas RAC website: <https://resources.hms.com/state/texas/rac>
- If the Appeal Request is uploaded via the HMS Portal, all documents must be combined into a single, preferably searchable, PDF file.

The purpose of this form is to:

1. Prevent common defects that may result in nonacceptance as a valid Appeal Request by ensuring:
 - All required elements are present in the Appeal Request letter, using the appropriate terminology, as outlined in the HMS Uphold Decision letter
 - All required documentation is included with the Appeal Request
2. Identify page locations of most required documentation within the previously submitted medical record to:
 - Verify the submitted medical record was likely complete
 - Improve the efficiency of Appeal Request processing
3. Assist providers in identifying claims that do not merit an appeal

ALL fields in every section must be completed. Enter "None" or N/A", as applicable.

Claim and Appeal Request Letter Required Information

- Any item marked "No" will result in the Appeal Request being deemed invalid/incomplete.
- Please correct the Appeal Request letter until all responses are either "Yes" or "N/A."

Provider Name on the claim	
24-digit ICN	
Client Name on claim	
Client Name on medical record	<input type="checkbox"/> Same as on claim
Are all required claim identifiers present in the Appeal Request letter and match the identifiers on the HMS Uphold Decision letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Appeal Request letter specifically request HHSC Medical and UR Appeals review an appeal of the HMS Uphold Decision , not an appeal of the initial decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Appeal Request letter clearly respond to comments from the HMS Reconsideration Review Summary ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Appeal Request letter provide a clinical rationale for medical necessity of the claim as originally billed, beyond stating clinical data without explanation? The rationale should include specific references to supporting documentation, including their page locations within the previously submitted medical records.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Appeal Request letter provide clinical rationale to support medical necessity for inpatient status beyond relying solely on MCG or InterQual screening criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a third-party company is preparing the Appeal Request letter, does the letter clearly identify the provider, not the third party, as the appealing party?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of third-party company, if applicable:	
Third party and corporate office submitters must comply with the following guidelines: https://tinyurl.com/32w9f9ev	
If this is an Appeal Request Resubmission in response to a Notice of Invalid/Incomplete Submission, is this clearly indicated in the new Appeal Request letter, and is all required documentation, including a copy of that Notice, included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Notes for Medical Records:

- Medical records can be downloaded from the HMS Portal if required for review to complete this form.
- Incomplete medical records may be determined insufficient to support an inpatient claim.
- A list of required documentation may be found on the HHSC Medical and UR Appeals website: <https://tinyurl.com/mz75mzfa>
- **Additional medical records may not be uploaded, as the previously submitted records were certified as complete.**

Claim Detail Questionnaire

- For any question answered “No,” the Appeal Request letter should be revised such that the response becomes “Yes” or “N/A.”
- NOTE: Citing clinical documentation, orders, or diagnosis assignments alone, without specific facts supporting clinician decisions, is not sufficient to validate billed codes or medical necessity for services, including the level of care billed.
- Page location should reference the PDF file page number of the previously submitted medical records.

Transfer Status

If the patient was transferred from another facility, is the reason for the transfer and treatment received at the transferring facility detailed in the Appeal Request letter, citing facts from and the page location within the medical record?

Yes
 No
 N/A

Status Change

If the status changed from Observation to Inpatient, does the Appeal Request letter explain the medical necessity for changing to inpatient status, citing clinician documentation from, and the page location within, the medical record?

Yes
 No
 N/A

Length of Stay

If the length of stay was less than 48 hours, does the Appeal Request letter explain why care could not have been provided at a lower level of care, including observation, citing clinician documentation from, and the page location within, the medical record?

Yes
 No

The letter should discuss whether the following Texas Medicaid policy was considered: “When a client is admitted to the hospital as an inpatient and is discharged in less than 48 hours, the hospital may request that the physician change the admission order from inpatient status to outpatient observation status. This practice is acceptable when the physician makes changes to the admitting order before the hospital submits the claim for payment.” - Texas Medicaid Provider Procedures Manual, Inpatient and Outpatient Hospital Services Handbook, Section 3.6.2 Recommendations to Enhance Compliance with Texas Medicaid Fee-for-Service Hospital Claims Submission.

If the length of stay was more than 48 hours, does the Appeal Request letter explain the medical necessity for all inpatient time beyond 48 hours and why care could not have been provided at a lower level of care, including observation or outpatient follow-up, citing clinician documentation from, and the page location within, the medical record?

Yes
 No
 N/A

An explanation of medical necessity for each day is critical for any provider reimbursed under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) methodology.

Procedures

If any procedures were performed, does the Appeal Request letter identify the procedures and their medical necessity, citing facts from and the page location within the medical record?

Yes
 No

If any procedures were performed prior to the start of inpatient status, does the Appeal Request letter identify these procedures as occurring prior to inpatient admission and the level of care billed on the original claim?

Yes
 No
 N/A

Does the Appeal Request letter explain why any procedures required inpatient status, especially for any commonly performed in an outpatient setting, citing clinician documentation from and the page location within the medical record?

Yes
 No
 N/A

Examples of procedures commonly performed as outpatient/observation include dialysis, laparoscopic procedures, endoscopies, colonoscopies, I & Ds, D & Cs, many orthopedic fracture procedures, Interventional radiology procedures, transfusion, paracentesis, and thoracentesis.

Client Eligibility

For clients with “Emergency-only” Medicaid eligibility (TP30 status), does the Appeal Request letter explain the nature and duration of the emergency condition, citing clinician documentation from and the page location within the medical record?

Yes
 No
 N/A

*Additional care beyond the limited duration of the emergency is not a covered benefit.
If available, a copy of the signed H3038 form certifying the emergency condition should be included.*

Coding and Medical Necessity Validation

Does the Appeal Request letter also validate all billed codes and medical necessity for any inpatient services, citing clinician documentation from and the page location within the medical record?

Yes
 No
 N/A

If it is determined that the submitted medical record does not support all billed codes, services, or level of care on an inpatient basis, the claim may be adjusted further.

Location of Required Documentation within Medical Record

To complete this form:

1. Specify the starting PDF file page # within the previously submitted medical records.
2. Enter "None" if there are no records for a given type of documentation.
3. Enter the date and time for orders and certain other types of documentation.

Documentation Type	Starting Page # or None		Date & Time (mm/dd/yy hh:mm)	
Signed Consents for Inpatient Admission & Treatment and any procedures - pages for all	1			
	2			
	3			
Transfer and EMS Records				
Emergency Department (ED) Records				
Time of Presentation to Hospital				
Order for Observation Status				
Order for Inpatient Admission Status				
Order for Discharge				
Discharge Summary				
Admission H & P				
Physician Progress Note Discussing Condition at 48 Hours from Admission				
Physician's Operative Report or Procedure Note				
Anesthesia Records Enter for each procedure, including ASA designation	1	ASA:	From:	To:
	2	ASA:	From:	To:
	3	ASA:	From:	To:
PACU Records Enter for each procedure	1		From:	To:
	2		From:	To:
	3		From:	To:
Medication Administration Records (MAR)			N/A	
Coding Summary			N/A	
Coding Queries			N/A	

Consultation List

Specify the starting PDF file page # within the previously submitted medical records.

Consultant Name	Specialty	Starting Page #

Form completed by:

Printed Name

Date Completed

Title/Position

Company

Email/Telephone