

## Notice of Denial of Preauthorization Exemption and Right to Request an Independent Review

### Information and instructions

Date of notice: \_\_\_\_\_

We conducted an evaluation and determined that you do not qualify for a preauthorization exemption for \_\_\_\_\_ based on the evaluation period of \_\_\_\_\_.  
Health care service Start date - End date

You have the right to appeal this denial if you file an appeal request by \_\_\_\_\_.  
Deadline

If you do not appeal or your appeal is not granted, the next evaluation period that may qualify you for a preauthorization exemption will be: \_\_\_\_\_.  
Start date - End date

- The evaluation included all preauthorization requests for the health care service that you submitted to us or one of our affiliates that were approved or adversely determined during the evaluation period.
- A preauthorization exemption is denied if less than 90% of preauthorization requests meet the issuer's medical necessity screening criteria.
- This notice includes a listing of preauthorization requests that were adversely determined during the evaluation.
- If you believe these determinations are incorrect, you can request a review, at no cost to you, by a health care provider who is independent of the issuer. This is called an independent review by an Independent Review Organization (IRO).

**To request an independent review of this denial, you must return this completed form by the deadline on this notice to the issuer's address below.** Make a copy of this form for your records. Do not return this form to TDI.

The issuer will forward your request for an independent review to TDI. Once TDI receives the request from the issuer, TDI will assign your case to an IRO. You will receive a letter from TDI identifying the IRO to whom your case has been assigned. The IRO must make a determination within 30 days.

Name of issuer \_\_\_\_\_ Email \_\_\_\_\_

Address of issuer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

## Adverse determinations that led to the exemption denial

Total number of preauthorization requests evaluated	Number approved	Number adversely determined	Percent approved

## Request for an appeal

The physician or provider checks "Appeal requested" to indicate an appeal has been made.

Appeal requested	Adverse determination	Previously appealed?	Dates notices were issued for adverse determination and appeal, if applicable.
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Instructions on how the adverse determination notices may be accessed electronically

## Request for a review by an IRO

Name of physician or provider \_\_\_\_\_

NPI number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

## Signature

Physician or provider \_\_\_\_\_ Date \_\_\_\_\_

## Questions

For information about the independent review process, call TDI at 866-554-4926, Option 2 or email [MCQA@tdi.texas.gov](mailto:MCQA@tdi.texas.gov). TDI's website has [frequently asked questions](#) about preauthorization exemptions.

## For issuer records

Date IRO request received by issuer \_\_\_\_\_

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