

## **THIS IS YOUR NOTICE OF ADVERSE DETERMINATION**

**WE HAVE DETERMINED THAT THE HEALTH CARE SERVICES YOU REQUESTED ARE NOT MEDICALLY NECESSARY OR APPROPRIATE.** Your request for health care services was reviewed for medical necessity and appropriateness by your health plan or a utilization review agent (URA) working with your health benefit plan. If your health plan or the URA decides that its standards **do not** indicate that the health care services you have requested are medically necessary or appropriate, your health plan or the URA will issue an “adverse determination.” **This means that your request for health care services has been denied.** This decision must be made by using accepted medical and health care practices and must be flexible enough to consider special circumstances on a case-by-case basis. **You have the right to appeal this decision to the URA in accordance with its internal appeal procedures. Unless you have a life-threatening condition, your health plan or the URA is permitted to require you to appeal this decision to your health plan or the URA before allowing you to request an independent review by an IRO. When appealing the adverse determination to an URA, do not complete the form requesting review by an IRO.**

**If you have a life-threatening condition,** you have the right under Texas law to have this decision reviewed by someone who is **independent** from your health benefit plan. “Life-threatening” means a disease or condition, [for which the likelihood of death is probable, unless the course of the disease or condition is interrupted.](#) You, a person acting on your behalf, or your provider of record may determine whether a life-threatening condition exists. The law provides that this decision can be made by a [prudent layperson, possessing an average knowledge of medicine and health, who believes that his or her disease or condition is a life-threatening condition.](#)

The request for an independent review can be submitted by you, a person acting on your behalf, your physician or other health care provider. **PLEASE NOTE THAT IT IS NOT A LIFE-THREATENING CONDITION IF THE HEALTH CARE SERVICES HAVE ALREADY BEEN RENDERED.** [If you do not have a life-threatening condition, it is not necessary to read further.](#)

### **Here is what you must do to request an independent review of your case:**

- (1) Complete the attached form and return it as soon as possible to the address or fax number listed in the form. It is important that you provide all relevant information so that the review of your case can be thorough. **Don't forget to sign the medical release form** so the independent reviewer can look at medical records and other relevant information about your illness or condition.
- (2) As soon as your health plan or the URA receives your completed form requesting independent review, your health plan or the URA will notify the Texas Department of Insurance (TDI) of your request and begin the independent review process.
- (3) Based on the information provided by your health plan or the URA, TDI will randomly assign your case to a licensed IRO. The IRO cannot be associated with your health benefit plan, with the physicians or with the providers that were previously involved in your care or case in any way that may compromise the independence of the review. Your health plan or the URA must provide all relevant information and documents to the IRO by the 3<sup>rd</sup> working day after your health plan or the URA receives your completed form. TDI will notify you about the IRO that has been assigned to review your case. For your information, TDI assigns cases to IROs between 7AM and 6PM, Central time, Monday through Friday (except New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day).
- (4) In cases involving life-threatening conditions, the entire independent review process, including the IRO's determination, should take no longer than 8 calendar days from the date your completed form and all necessary information was received by the IRO.
- (5) If the IRO determines that you should receive the health care services that were previously denied, your health plan must cover and pay for that care. If the IRO agrees that the health care services were not medically necessary or appropriate, then the care does not have to be covered by your health benefit plan.

There is no cost to you for independent review. If you receive any bills for this process, you should contact your health plan.