



# Texas Children's<sup>®</sup> Health Plan

The best decision a family can make.

Date: \_\_\_\_\_

## Claim Appeal Form

- This form should be used to resubmit a **denied or rejected** claim for reconsideration.
- Please complete in **BLUE or BLACK ink only**.

### Section I — Claim Detail

Member name: \_\_\_\_\_

Member ID number: \_\_\_\_\_

Date of service: \_\_\_\_\_

Claim number: \_\_\_\_\_

### Section II — Reason for Resubmission/Appeal

- |  |  |
|--|--|
| <input type="checkbox"/> Coordination of Benefits        | <input type="checkbox"/> NCCI edits (must include medical records) |
| <input type="checkbox"/> Member eligibility              | <input type="checkbox"/> Add-on codes                              |
| <input type="checkbox"/> No Authorization Denials        | <input type="checkbox"/> Contract/Rate Discrepancy                 |
| <input type="checkbox"/> Proof of timely filing attached | <input type="checkbox"/> Credit Balance                            |
| <input type="checkbox"/> Not a duplicate                 | <input type="checkbox"/> Hospital Audit Results                    |
| <input type="checkbox"/> NPI#                            | <input type="checkbox"/> Hospital Audit Results                    |
| <input type="checkbox"/> W9                              | <input type="checkbox"/> Other _____                               |

### Section III – General Information

**Appeal Filing** —All Claims Appeals must be filed within 120 days from the date of denial for reconsideration. When filing an appeal, please attach documentation supporting your position.  
A Medical Necessity Appeal must be filed within 30 days of receipt of the denial notice.

**Electronic Appeals** —Electronic claims can be resubmitted electronically if the claim is resubmitted within 95 days from the date of service without incurring a past timely filing denial. Claims outside of the 95 days should be resubmitted on paper with the appropriate proof of timely filing attached.

*Appeals can be sent via US mail to*

Texas Children's Health Plan  
PO Box 300286  
Houston, TX 77230-0286

You may also use Provider TouCHPOint to submit electronically.  
For fax submissions contact your Provider Relations representative.

*Prior Authorization Appeals should be sent to Utilization Management Department*

Fax: 832-825-8796  
Texas Children's Health Plan  
Attn: UM Appeals  
PO Box 301011, WLS 8390  
Houston, TX 77230