Claim Appeal Form

Texas Children's® Health Plan

Claim appeals may be submitted by mail or electronically through Texas Children's Health Plan's provider portal, **Texas Children's Link** (https://epiccarelink.texaschildrens.org/).

To submit a claim appeal via Texas Children's Link:
Select the **Claims** icon from the main menu, locate the member and find the claim, click the **Ask a Question** button, and scroll down to select **Appeal a Claim**. Enter the required appeal details, attach any supporting documentation, submit the appeal, and monitor your **In Basket** for confirmation and follow-up communication.

To submit a claim appeal by mail:
Texas Children's Health Plan
ATTN: Claim Appeals
PO Box 300286
Houston, TX 77230-0286

Important Notes:

- **This form should be used to appeal an adjudicated, denied, or rejected claim**
- Please complete this form using **blue or black ink only**.

Section I — Claim Detail (required)

Member's name: _____

Member ID number: _____ Date of service: _____

Claim number: _____

Section II — Reason for Claim Appeal

☐ Denied Claim Dispute

☐ Submission of requested information after claim denial (e.g. EOB, medical record, itemized bill, required form)

☐ Timely Filing Dispute

☐ Provider Enrollment Dispute

☐ Claim Payment or Contract/Rate Dispute

☐ Member Eligibility Dispute

☐ Reimbursement Policy Dispute

☐ Other Dispute: _____

_____

Section III — General Information

- All claims appeals must be filed within 120 days from the date of disposition for consideration.
- When filing an appeal, please attach documentation supporting your position.
- Providers must follow the Utilization Management (UM) appeal process for retro authorization prior to submitting a claim appeal for medical necessity. Retro authorization must be submitted within 60 days of the date of service and must include a valid reason authorization was not obtained pre-service.
- **Appeals which do not follow this process will be denied.** Prior Authorization appeals should be faxed to the Utilization Management Department 832-825-8796 or mailed to:

  Texas Children's Health Plan
  ATTN: UM Appeals
  P.O. Box 301011
  WLS 8390
  Houston, Texas 77230