



Texas HB 3459 Provider Preauthorization Exemption Appeal Form

Texas | Commercial

Use this form to appeal a denied preapproval exemption related to a healthcare service. To qualify for preapproval exemption, forms must be submitted with preapproval data demonstrating the following:

- Texas professionals and facilities must have submitted a minimum of five preapprovals, with an approval rate of 90% or higher for a specific healthcare service over the past six months.
- *Per HB 3459*, third-party payers must grant preapproval exemption status for elective services and/or admissions to various levels of care for care providers and facilities that meet high standards.

For more information on *HB 3459* and preapproval exemptions, visit <https://wellpoint.com/tx/provider/individual-commercial/prior-authorization>.

Appeal reason:

☐ Preapproval exemption appeal of denial:

Describe your appeal (include all case reference numbers):

Is this appeal related to a facility or professional exemption? (Select one.)

☐ Facility

☐ Professional

Which care category is this appeal related to? (Select one.)

☐ Physical health

☐ Behavioral health

☐ Pharmacy/specialty review unit

Professional or facility name:

Network status:

<https://provider.wellpoint.com>

Coverage provided by Wellpoint Insurance Company.
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<input type="checkbox"/> In network		
<input type="checkbox"/> Out of network		
Individual NPI:		
Service or drug (code and description):		
Evaluation period:	From date:	To date:
Preferred mailing address		
Please confirm your mailing address:		

Return your completed form to:

- **Email:** TXPriorAuthExemptionAppeals@wellpoint.com

Additionally, if you feel that this determination was made in error, you may file a complaint with the Texas Department of Insurance (TDI). Details on filing a complaint are available on the TDI website at <https://tdi.texas.gov/consumer/health-complaints.html> or by contacting their office directly.