

[Your Name/Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Claims/Appeals Department]
[Address]
[City, State, Zip Code]

RE: Coding Correction Appeal

Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To Whom It May Concern,

I am writing to formally appeal the denial of the above-referenced claim. The claim was originally submitted with coding that we have identified as requiring a correction to accurately reflect the services provided during the encounter.

The original claim was submitted with the following code(s):
[Original CPT/HCPCS/ICD-10 Code(s)]

We are requesting that the claim be reprocessed with the corrected code(s) listed below:
[Corrected CPT/HCPCS/ICD-10 Code(s)]

Reason for Correction:

[Briefly state the reason, e.g., clerical error, incorrect modifier, or more specific diagnosis code.]

Attached you will find the clinical documentation and medical records that support the use of the corrected code(s). These records demonstrate the medical necessity and the exact nature of the procedure performed.

Please review this appeal and update the claim for additional payment. If you require any further information, please contact me directly at [Phone Number].

Sincerely,

[Signature]
[Printed Name and Title]

Enclosures:

[List documents, e.g., Progress Notes, Operative Report, Original Claim Copy]