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

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

RE: Appeal of Claim Denial for Incorrect CPT Coding

Patient Name: [Patient First and Last Name]
Member ID Number: [Policy/Member ID Number]
Claim Number: [Claim Reference Number]
Date of Service: [MM/DD/YYYY]
Denied CPT Code(s): [List CPT Codes]

To Whom It May Concern,

This letter serves as a formal appeal regarding the denial of the above-referenced claim. The claim was denied citing "incorrect CPT coding."

After reviewing the medical documentation and the current CPT guidelines, we believe the code(s) submitted accurately reflect the services rendered. [Insert brief explanation of why the code is correct, e.g., "The documentation supports the complexity of the level 4 E/M code submitted" or "The procedure performed matches the specific description of code XXXXX"].

Enclosed please find the following supporting documentation for your reconsideration:

- A copy of the original claim and denial notice.
- Relevant medical records and clinical notes for the date of service.
- [List any other supporting documents, such as operative reports or pathology results].

We request that you re-evaluate this claim based on the attached clinical evidence. If you require further information, please contact [Contact Person Name] at [Phone Number].

Thank you for your prompt attention to this matter. We look forward to receiving your decision within the standard timeframe.

Sincerely,

[Signature]
[Printed Name]
[Title/Credentials]