

[Your Name/Organization Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Insurance Company Name]

[Appeals Department]

[Address]

[City, State, Zip Code]

RE: Formal Appeal for Length of Stay Denial

Patient Name: [Patient First and Last Name]

Patient Date of Birth: [MM/DD/YYYY]

Member ID Number: [ID Number]

Claim/Reference Number: [Reference Number]

Date(s) of Service: [Start Date] to [End Date]

Denied Days: [Specific Dates Denied]

To Whom It May Concern,

This letter serves as a formal appeal regarding the denial of the inpatient length of stay for the dates mentioned above. This appeal follows a Peer-to-Peer review conducted on [Date of Review] between [Attending Physician Name] and [Medical Director Name].

Despite the Peer-to-Peer discussion, the denial was upheld based on [Reason cited in denial letter]. We disagree with this decision as the patient's clinical condition necessitated acute inpatient care through [Discharge Date].

Clinical Justification:

The patient required continued hospitalization due to the following medical necessities:

- [Clinical Reason 1: e.g., Unstable vital signs or failed observation]
- [Clinical Reason 2: e.g., Requirement for IV medications or frequent monitoring]
- [Clinical Reason 3: e.g., Post-operative complications or comorbidities]

Discharging the patient or transferring to a lower level of care prior to [Discharge Date] would have posed a significant risk to the patient's safety and increased the likelihood of readmission. The treatment provided aligns with [InterQual / MCG / Standard of Care] guidelines for acute inpatient management.

Enclosed are the relevant medical records, including physician notes, laboratory results, and nursing assessments, which support the necessity of the full stay. We request a second-level review by a physician specialist in [Relevant Specialty] to overturn this denial.

Thank you for your prompt attention to this matter. We look forward to your response within [Number of days] days.

Sincerely,

[Your Signature]

[Your Printed Name and Title]

[Facility Name]

Enclosures: [List documents, e.g., Medical Records, Progress Notes, Lab Reports]