

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: Appeal of Coverage Denial for Inpatient Stay

Patient Name: [Patient Name]
Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date Range of Stay]
Facility Name: [Hospital Name]

To Whom It May Concern:

I am writing to formally appeal the denial of coverage for the inpatient hospital stay from [Start Date] to [End Date]. The denial letter states that the stay was not medically necessary or could have been managed at a lower level of care. However, the decision fails to account for the medical complexity and the significant risk of mortality associated with the patient's multiple comorbidities.

The patient presented with [Primary Diagnosis], which was severely complicated by the following pre-existing conditions: [List Comorbidities, e.g., Chronic Obstructive Pulmonary Disease, Stage IV Renal Disease, Congestive Heart Failure].

Inpatient status was medically necessary for the following reasons:

- **High Risk of Clinical Instability:** The interaction between [Condition A] and [Condition B] created a high probability of acute deterioration that required frequent physician intervention and continuous monitoring.
- **Complexity of Treatment:** The administration of [Specific Medication/Treatment] required titration that posed a significant risk to the patient's [System, e.g., Cardiac] function, necessitating immediate access to emergency life-saving equipment.
- **Failure of Lower Level of Care:** Monitoring in an outpatient or observation setting would have been unsafe due to the patient's [Specific Symptom, e.g., history of brittle diabetes/respiratory distress], which required 24-hour nursing vigilance.

Clinical guidelines, including [Mention Guidelines, e.g., Milliman Care Guidelines or InterQual], support inpatient admission when a patient presents with multiple comorbidities that increase the

severity of the primary illness. I have enclosed medical records, including [Lab Results/Physician Notes], that demonstrate the necessity of this level of care.

Based on the clinical evidence of medical complexity, I request that you overturn this denial and approve the inpatient claim in full. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]