

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

[Payer Name]  
[Appeals Department Address]  
[City, State, Zip Code]

**RE: Level 5 Emergency Room Service Reconsideration**

Patient Name: [Patient Name]  
Claim Number: [Claim Number]  
Date of Service: [Date of Service]  
Member ID: [Member ID]  
Provider NPI: [Provider NPI]

To Whom It May Concern,

This letter is a formal request for reconsideration regarding the downcoding of the Emergency Department visit (CPT 99285) for the above-referenced claim. The claim was processed as a Level [4/3], but the clinical documentation supports a Level 5 (99285) service based on the medical necessity and complexity of the patient's presentation.

Per CPT guidelines, a Level 5 visit is appropriate for a patient whose problem(s) are of high severity and pose an immediate significant threat to life or physiologic function. The medical record for this encounter demonstrates:

- **High Complexity MDM:** The physician evaluated [Number] stable chronic illnesses, [Number] acute illnesses with systemic symptoms, or a drug toxicity/life-threatening condition.
- **Data Reviewed:** Extensive review of [Laboratory tests, imaging, or external records] was performed to reach a diagnosis.
- **Risk:** Management options involved high risk, including [mention specific high-risk medications, surgical decisions, or intensive monitoring].

The patient presented with [brief description of high-severity symptoms, e.g., chest pain, respiratory distress, or complex trauma], requiring immediate intervention and comprehensive diagnostic evaluation. The level of medical decision-making (MDM) required to safely manage this patient far exceeds the requirements of the lower code assigned during your initial review.

Enclosed is the complete medical record for this date of service. We respectfully request that you reverse the downcoding and provide reimbursement for the Level 5 service as originally billed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Printed Name/Title]

**Enclosures:** [Clinical Notes, Lab Results, Imaging Reports]