

[Date]
[Payer Name]
[Payer Address]
[City, State, Zip Code]

RE: Clinical Documentation Supplemental Letter for Level of Service Appeal

Patient Name: [Patient Name]
Patient Date of Birth: [DOB]
Member ID: [Member ID]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Billed Level: [Billed CPT Code, e.g., 99285]
Downcoded Level: [Paid CPT Code, e.g., 99283]

To Whom It May Concern,

This letter is a formal appeal regarding the downcoding of the emergency department evaluation and management (E/M) service provided on the date referenced above. We disagree with the reduction of the service level and provide the following clinical justification to support the original CPT code submitted.

Clinical Complexity and Medical Decision Making (MDM):

The patient presented with [Primary Symptom/Chief Complaint], which required immediate evaluation to rule out [List Potential Life-Threatening Differentials]. The medical record supports a High/Moderate level of MDM based on the following:

- **Number and Complexity of Problems:** The patient's condition presented a [Moderate/High] risk of morbidity. (e.g., Acute illness with systemic symptoms or undiagnosed new problem with uncertain prognosis).
- **Data Reviewed:** The provider reviewed and analyzed [List tests: e.g., CT scans, EKG, extensive lab panels, or consultation with specialists].
- **Risk of Complications:** Management involved [List high-risk factors: e.g., IV medication administration, parenteral controlled substances, or decision regarding hospitalization].

Documentation Requirements:

The attached clinical notes demonstrate that the nature of the presenting problem and the intensity of the physician's work meet the full criteria for CPT code [Billed Code] as defined by the AMA CPT Editorial Panel and CMS guidelines. The downcoded level of [Downcoded Code] does not accurately reflect the resources utilized or the severity of the patient's condition at the time of treatment.

We request that you re-review the attached medical records and adjust the claim to the original billed level of service. If you require further information, please contact [Department Name] at [Phone Number].

Sincerely,

[Signature]

[Printed Name]

[Title/Facility Name]

[NPI Number]

Enclosures: Emergency Department Physician Note, Nursing Notes, Diagnostic Results, Discharge Summary.