

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

[Date]

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

RE: Formal Dispute of Claim Downcoding

Patient Name: [Patient Name]
Member ID: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Provider Name: [Hospital/Facility Name]

To Whom It May Concern,

I am writing to formally dispute the downcoding of the emergency room visit referenced above. The claim was originally submitted by the provider as a Level [Original Level, e.g., 99285] but was processed and reimbursed at the lower intensity Level [New Level, e.g., 99283].

I request a re-evaluation of this claim based on the **Complex Medical Decision Making (MDM)** required during this encounter. According to CPT guidelines, the level of service is determined by the complexity of the problems addressed, the amount of data reviewed, and the risk of complications or morbidity. This visit involved:

- **High Risk:** The presenting symptoms carried a significant risk of morbidity without immediate intervention.
- **Data Complexity:** The physician reviewed extensive diagnostic tests, including [List tests, e.g., CT scans, EKG, advanced blood panels].
- **Management:** Decision-making involved [e.g., parenteral controlled substances, specialty consultation, or emergency stabilization].

The medical records (attached) demonstrate that the physician's cognitive effort and the patient's clinical profile meet the requirements for the higher level of service originally billed. The reduction in code level does not accurately reflect the intensity of the care provided.

Please review the enclosed documentation and adjust the claim to the appropriate level of service. I look forward to your response within 30 days.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

- Copy of Explanation of Benefits (EOB)
- Emergency Department Physician Notes
- Discharge Summary