

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

[Date]

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

RE: Appeal of Downcoded Emergency Room Claim

Patient Name: [Patient Full Name]
Member ID: [Insurance ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of ER Visit]
Facility Name: [Hospital/ER Name]

Dear Appeals Department,

I am writing to formally appeal the decision to downcode the level of service provided during my emergency room visit on [Date of Service]. The claim was originally submitted as [Original CPT Code, e.g., 99285] but was reduced by your company to [Downcoded CPT Code, e.g., 99283]. I am requesting a full reversal of this downcoding and payment at the level originally billed.

Under the "Prudent Layperson Standard," an emergency is defined by the symptoms that led the patient to seek care, not the final diagnosis. At the time of my visit, I experienced [List specific symptoms, e.g., severe chest pain, acute abdominal distress, etc.], which I reasonably believed required immediate medical attention to prevent serious jeopardy to my health.

The intensity of the evaluation, the medical decision-making involved, and the resources required to rule out life-threatening conditions justify the original level of service billed by the provider. The retrospective review used to downcode this claim fails to account for the clinical uncertainty and the high risk presented at the time of arrival.

Attached please find the following supporting documents:

- Medical records from the visit
- Discharge summary
- A copy of the original bill

Please re-evaluate this claim based on the presenting symptoms and the complexity of the care provided. I look forward to your response within [30] days as required by law/policy.

Sincerely,

[Your Signature]

[Your Printed Name]