

Date: [Insert Date]

To: [Payer Name/Insurance Company]
Attn: Appeals/Medical Review Department
Address: [Insert Address]
City, State, Zip: [Insert City, State, Zip]

RE: Coding Accuracy Verification / Appeal for Downcoded Claim

Patient Name: [Insert Patient Name]
Subscriber ID: [Insert ID Number]
Claim Number: [Insert Claim Number]
Date of Service: [Insert Date of Service]
Billed Code: [Insert Original E/M Code, e.g., 99284/99285]
Remitted Code: [Insert Downcoded Level]

Dear Medical Review Manager,

This letter serves as a formal request to verify the coding accuracy and reconsider the downcoding of the emergency department services referenced above. We have reviewed the medical record and the final coding selection, and we maintain that the original level of service billed is appropriate based on the complexity of the patient's presentation and the medical decision-making (MDM) involved.

Under the CPT 2023/2024 guidelines, Emergency Department E/M levels are determined based on the level of Medical Decision-Making. The documentation for this encounter supports the billed level due to:

- **Number and Complexity of Problems Addressed:** [Specify, e.g., High risk of morbidity/Acute life-threatening illness]
- **Amount and/or Complexity of Data Reviewed:** [Specify, e.g., Review of external records, independent interpretation of tests, or discussion with consulting physicians]
- **Risk of Complications and/or Morbidity:** [Specify, e.g., Parenteral controlled substances, decision regarding hospitalization, or emergency surgery]

The decision to downcode this claim appears to overlook the "Prudent Layperson Standard," which dictates that the severity of the patient's presenting symptoms, rather than the final diagnosis alone, should determine the necessity of emergency services.

Attached you will find the complete medical record for this visit. We request that you perform a secondary clinical review by a qualified coder or clinician to adjust the claim to the original billed level.

Thank you for your prompt attention to this matter. We look forward to receiving the adjusted reimbursement within 30 days.

Sincerely,

[Your Name/Signature]

[Title/Organization]

[Phone Number]

[Email Address]

Enclosures: Medical Records, Provider Documentation, Original Claim