

[Date]

[Payer Name]

[Appeals/Medical Management Department]

[Payer Address]

[City, State, Zip]

**RE: Request for Peer-to-Peer Review**

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Member ID:** [Member ID]

**Claim Number:** [Claim Number]

**Date of Service:** [Date of Service]

**Billed Level:** [Original E/M Code, e.g., 99285]

**Downcoded Level:** [Downcoded E/M Code, e.g., 99283]

To Whom It May Concern,

I am writing to formally request a Peer-to-Peer review regarding the recent downcoding of the Emergency Department visit for the aforementioned patient. Based on the clinical complexity and the resources required at the time of presentation, we believe the original level of service billed is appropriate and supported by the documentation.

The patient presented with [briefly list symptoms, e.g., acute chest pain, neurological deficits, or high-risk comorbidities] which required medical decision-making of high complexity and an extensive review of data to rule out life-threatening conditions.

I would like to discuss the clinical rationale for the level of care provided with a Medical Director or a peer reviewer of the same specialty. Please contact our office to schedule this discussion.

**Provider Availability:**

[Option 1: Date/Time]

[Option 2: Date/Time]

**Direct Contact Number:** [Provider Phone Number/Extension]

**Contact Person:** [Name of Coordinator]

We look forward to resolving this matter promptly.

Sincerely,

[Provider Name/Signature]

[Provider NPI]

[Facility Name]