[Your Name/Organization Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Letter Clarifying Medical Coding and Submission of Substantiating Records

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Policy/Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To Whom It May Concern,

This letter is being submitted to clarify the medical coding used for the above-referenced claim and to provide the necessary documentation to support the services rendered.

Upon review of the initial claim processing, it appears there may be a requirement for further clinical justification regarding the following codes: [List Specific CPT/HCPCS/ICD-10 Codes].

The enclosed medical records, which include [List Documents, e.g., operative reports, clinical notes, or pathology reports], substantiate that the coding accurately reflects the patient's diagnosis and the complexity of the treatment provided. Specifically, [Briefly describe how the records support the code, e.g., "the documentation confirms the extended duration of the procedure"].

Based on the attached substantiation, we request that you update your records and process the claim for payment in accordance with the patient's policy benefits.

If you require additional information or have further questions regarding this clarification, please contact our office at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Credentials]

Enclosures:
[Document 1]
[Document 2]
[Original Claim Copy]