

[Your Insurance Company Letterhead]  
[Date]

Maria Garcia  
[Address]  
[City, State, Zip]

Claim Number: CLM-2024-002456  
Member ID: MEM987654321

Dear Ms. Garcia,

We hope this letter finds you well. We are writing to inform you about the status of your recent claim for services provided by Dr. Michael Chen on February 10, 2024. After a thorough review, we regret to inform you that your claim has been denied due to a mismatch between the service code submitted and the documentation provided.

**\*\*Claim Details:\*\***

- **\*\*Provider:\*\*** Dr. Michael Chen
- **\*\*Service Date:\*\*** February 10, 2024
- **\*\*CPT Code Submitted:\*\*** 99285 (Emergency Department High Complexity)
- **\*\*Diagnosis Code:\*\*** J18.9 (Pneumonia)
- **\*\*Claim Amount:\*\*** \$580.00

**\*\*Reason for Denial:\*\***

The CPT code 99285 is designated for high-complexity emergency department visits; however, our review of the medical records indicates that the service was rendered in an office setting rather than an emergency department. Based on the documentation, the appropriate codes for the services rendered are 99214 or 99215, which correspond to office visits of moderate to high complexity.

**\*\*Next Steps:\*\***

We understand that this may be disappointing news. To assist you in resolving this issue, we encourage you to resubmit your claim with the correct CPT code within 60 days from the date of this denial letter. When resubmitting, please ensure that all supporting documentation accurately reflects the nature of the visit, including the setting and complexity of the service provided.

If you have any questions or need assistance with the resubmission process, please do not hesitate to contact our customer service department at [Customer Service Phone Number] or via email at [Customer Service Email]. Our representatives are available to help you and ensure that your concerns are addressed promptly.

Thank you for your understanding and cooperation. We appreciate your trust in us for your healthcare coverage.

Sincerely,

[Your Name]  
[Your Title]  
[Your Insurance Company]  
[Contact Information]  
[Company Website]

**\*\*Enclosure:\*\*** Claim Review Summary