

[Your Company Letterhead]
[Date]

Robert Williams
[Patient Address]
[City, State, Zip]

Claim Number: CLM-2024-003789
Date of Denial: 3/15/2024

Dear Mr. Williams,

We hope this letter finds you well. We are writing to inform you about the status of your recent claim for the knee arthroscopy procedure performed by Dr. Emily Rodriguez on March 5, 2024. After a comprehensive review of the submitted documentation, we regret to inform you that your claim has been denied due to insufficient documentation.

****Claim Details:****

- ****Patient Name:**** Robert Williams
- ****Date of Birth:**** 11/30/1960
- ****Member ID:**** MEM456789123
- ****Provider:**** Dr. Emily Rodriguez, NPI 4567891230
- ****Service Date:**** 3/5/2024
- ****CPT Code:**** 29881 (Knee Arthroscopy)
- ****Diagnosis Code:**** M17.11 (Osteoarthritis right knee)
- ****Claim Amount:**** \$3,200.00

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

As outlined in our policy 3.4 regarding knee arthroscopy, there is a requirement for evidence of unsuccessful conservative treatment prior to the approval of surgical intervention. Specifically, our guidelines stipulate that patients should undergo a minimum of six weeks of physical therapy or medication management as part of their treatment plan before surgical procedures can be considered.

Upon review of the documentation submitted, we found that the records did not sufficiently demonstrate that you had undergone the necessary conservative treatment prior to the arthroscopy. This lack of documentation contributed to our decision to deny the claim.

****Next Steps:****

You have the right to appeal this decision. If you wish to pursue an appeal, we encourage you to provide a complete treatment history that includes detailed documentation of any physical therapy sessions, medications prescribed, and any other conservative treatment measures taken prior to the surgery. This information will allow us to reevaluate your claim in accordance with the policy requirements.

Please submit your appeal and any supporting documentation within 30 days from the date of this letter to ensure timely processing. You can send your appeal to our claims department at the address listed below or via fax to [Fax Number].

Claims Department
[Your Company Name]
[Company Address]
[City, State, Zip]
[Phone Number]
[Email Address]

Thank you for your attention to this matter. If you have any questions or require further assistance regarding your claim or the appeal process, please do not hesitate to contact our customer service team at [Phone Number]. We are here to help you.

Sincerely,

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

Please note: This letter is intended for informational purposes and should not be construed as legal advice.