

[Your Company Letterhead]

[Date]

David Thompson
[Address]
[City, State, Zip Code]

Dear Mr. Thompson,

Subject: Claim Denial Notification
Claim Number: CLM-2024-005678
Provider: Dr. Lisa Anderson, NPI 8529637410
Service Date: 5/8/2024
Diagnosis: M54.5 (Low back pain)
Amount: \$1,450.00

We are writing to inform you of the status of your recent claim for the MRI Lumbar (CPT Code: 72148) performed on May 8, 2024. After a thorough review of your submitted claim, we regret to inform you that it has been denied due to the absence of prior authorization.

As outlined in our policy (Policy 4.2.1), prior authorization is required for MRI services, except in cases of 24-hour emergency department visits. Unfortunately, we do not have an authorization on file for this service, which is the basis for the denial.

We understand that this news may be disappointing, and we want to ensure you have the opportunity to appeal this decision. If you believe that the MRI was medically necessary and that it should have been authorized, you may request a retrospective authorization within 30 days of this notice. To proceed with this appeal, we will need clinical documentation from your provider, as well as evidence of any conservative treatment measures that were attempted prior to the MRI.

Please note that the submission of this additional documentation does not guarantee approval but will allow us to conduct a comprehensive review of your case. If you would like assistance in preparing your appeal or have any questions regarding the process, do not hesitate to contact our customer service department at [Customer Service Phone Number] or [Customer Service Email Address].

We appreciate your understanding in this matter and are here to support you through the appeals process. Thank you for being a valued member of our plan.

Sincerely,

[Your Name]
[Your Title]
[Your Company]
[Company Phone Number]
[Company Email Address]
[Company Website]

Enclosures: Claims Appeal Form (if applicable)