

BlueCross BlueShield

123 Insurance Way

Cityville, ST 12345

September 15, 2024

To: Emily Davis

123 Oak Street

Springfield, IL 62704

RE: Claim Denial Notification

Member ID: BCB123456789

Claim ID: CLM-99887766

Date of Service: 2024-08-31

Provider: Valley Care Clinic

Service: CT Abdomen (CPT 74160)

Dear Ms. Davis,

We are writing to inform you that we have denied coverage for the following medical service:

CT Abdomen (CPT 74160), Billed Amount: \$1775.00.

Reason for Denial:

Denial Code: CO-50 - Medical Necessity Not Met.

Explanation:

Based on the clinical documentation provided, the requested CT scan of the abdomen does not meet the criteria for medical necessity under your current plan guidelines. Specifically, there is no documented evidence of acute abdominal pain, trauma, or abnormal lab results requiring this level of imaging. Conservative treatment options (such as ultrasound) were not attempted or documented prior to ordering this advanced imaging.

Your Policy Reference: Section 4.2 - Advanced Imaging Requirements.

You have the right to appeal this decision. If you have additional information, such as detailed doctor's notes or lab results that support the need for this service, please submit them with your appeal.

Sincerely,

Claims Department

BlueCross PPO