

Appeal Letter for Medical Coding Adjustment

Date: **[Insert Date]**

To: **[Recipient Name]**

Position: **[Recipient Position]**

Organization: **[Organization Name]**

Address: **[Organization Address]**

City, State, ZIP: **[City, State, ZIP]**

Dear **[Recipient Name]**,

I am writing to formally appeal the recent decision regarding the coding adjustment for the medical claim associated with patient **[Patient Name]**. The claim number is **[Claim Number]** and was processed on **[Processing Date]**.

Upon review, I believe that the initial coding was submitted correctly in accordance with coding guidelines. The specific codes **[List Initial Codes]** were utilized based on the provided documentation that supports the services rendered.

To support my appeal, I have enclosed relevant documentation, including:

- Copy of the original claim submission
- Detailed medical records
- Any additional supporting documents

I respectfully request a reevaluation of the coding associated with this claim. Your prompt attention to this matter would be greatly appreciated, as it directly impacts our ability to provide ongoing care to the patient.

Thank you for your consideration. I look forward to your response.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Phone Number]

[Your Email Address]