

PRACTICE LETTERHEAD — enter your organization name, address, phone, fax, and email below

White-label: replace with your practice branding

Date:

To:

Payer Name

Appeals Department

Mailing Address

City, State, ZIP

Re:

FIELD	ENTER YOUR INFORMATION
Date of Letter	<div style="border: 1px solid #ccc; height: 15px;"></div>
Patient Name	<div style="border: 1px solid #ccc; height: 15px;"></div>
Date of Birth	<div style="border: 1px solid #ccc; height: 15px;"></div>
Member / Policy ID	<div style="border: 1px solid #ccc; height: 15px;"></div>
Group Number	<div style="border: 1px solid #ccc; height: 15px;"></div>
Claim Number	<div style="border: 1px solid #ccc; height: 15px;"></div>
Date(s) of Service	<div style="border: 1px solid #ccc; height: 15px;"></div>
Provider Name / NPI	<div style="border: 1px solid #ccc; height: 15px;"></div>
Procedure Code(s)	<div style="border: 1px solid #ccc; height: 15px;"></div>
Denial Code	<div style="border: 1px solid #ccc; height: 15px;"></div>
Amount in Dispute	<div style="border: 1px solid #ccc; height: 15px;"></div>

Dear Medical Review Committee:

We are appealing the denial of the above-referenced claim, which was denied as not medically necessary. We believe this determination was made in error and provide the following clinical justification.

Clinical Summary:

Patient's Presenting Condition:

Relevant Medical History:

Previous Treatments Attempted and Outcomes:

Clinical Findings Supporting Medical Necessity:

Coverage Criteria Met:

LCD/NCD Reference (if applicable):

The patient meets the following coverage criteria:

Criterion 1:

Criterion 2:

Criterion 3:

Peer-Reviewed / Clinical Guideline Support:

We respectfully request a full review of the enclosed documentation and reconsideration of this denial. The clinical evidence clearly supports that this service was medically necessary and appropriate for the patient's condition.

Enclosures / Supporting Documentation:

- Complete medical records for date of service
- Physician letter of medical necessity
- Relevant diagnostic test results
- Operative/procedure report
- Peer-reviewed literature (if applicable)
- LCD/NCD policy excerpt

BILLING STAFF TIPS

- For CARC 50 (not medically necessary), the strongest appeals include a physician narrative that directly maps to the payer's LCD/NCD criteria — generic letters rarely succeed.
- CARC 55 (procedure code not appropriate for patient's age) often indicates a billing/coding error rather than true medical necessity — verify the code first.
- Request a peer-to-peer review if available — a direct conversation between the treating physician and the plan's medical reviewer resolves many medical necessity denials.
- If the payer's LCD has not been updated to reflect current clinical guidelines, cite the published guideline — some payers will override their LCD when presented with strong clinical evidence.

Sincerely,

Authorized Signature

Name / Title

Practice / Organization

Phone

Fax

Email