

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: 18px;"></div>
Patient Name	<div style="border: 1px solid #ccc; height: 18px;"></div>
Date of Birth	<div style="border: 1px solid #ccc; height: 18px;"></div>
Member / Policy ID	<div style="border: 1px solid #ccc; height: 18px;"></div>
Group Number	<div style="border: 1px solid #ccc; height: 18px;"></div>
Claim Number	<div style="border: 1px solid #ccc; height: 18px;"></div>
Date(s) of Service	<div style="border: 1px solid #ccc; height: 18px;"></div>
Provider Name / NPI	<div style="border: 1px solid #ccc; height: 18px;"></div>
Procedure Code(s)	<div style="border: 1px solid #ccc; height: 18px;"></div>
Denial Code	<div style="border: 1px solid #ccc; height: 18px;"></div>
Amount in Dispute	<div style="border: 1px solid #ccc; height: 18px;"></div>

Dear Appeals Committee:

We are appealing the denial of the above-referenced claim under CARC 197 for lack of prior authorization. Please review the applicable scenario checked below.

SCENARIO A — AUTHORIZATION WAS OBTAINED

Prior authorization was obtained for this service:

Authorization Number:

Authorization Date:

Authorized Service Description:

Authorized Date Range:

■ **SCENARIO B — EMERGENCY / URGENT SERVICE**

This service was provided on an emergency/urgent basis:

Nature of Emergency:

Date/Time of Presentation:

Why delay would have been detrimental:

■ **SCENARIO C — RETROACTIVE AUTHORIZATION REQUEST**

We are requesting retroactive authorization consideration:

Reason authorization was not obtained:

Clinical Justification:

Steps to prevent future occurrences:

We respectfully request reconsideration of this denial and processing of the claim for payment.

Enclosures / Supporting Documentation:

- Authorization confirmation letter/fax
- Authorization reference number documentation
- Clinical documentation supporting medical necessity
- Emergency department records (if applicable)
- Payer policy excerpt on emergency services (if applicable)

BILLING STAFF TIPS

- For Scenario A, always include the authorization confirmation page/fax — verbal authorizations without documentation are very difficult to appeal.
- Emergency service denials under CARC 197 are governed by the ACA's emergency services provisions — the plan must cover emergency care at in-network rates regardless of authorization.
- For retroactive authorization (Scenario C), act quickly — most payers have short windows for retroactive requests, and the appeal clock runs from the date of denial.
- If the payer's portal shows the auth was approved but the claim was denied, capture a screenshot of the auth approval and attach it as Exhibit A.

Sincerely,

Authorized Signature

Name / Title

Practice / Organization

Phone

Fax

Email