

[Your Name]
[Your Title]
[Your Practice/Company Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department/Specific Department]
[Insurance Company Address]
[City, State, Zip Code]

Re: Clarification of Diagnosis Code

Patient: [Patient's Full Name]

Date of Service: [Date of Service]

Claim Number: [Claim Number]

Diagnosis Code: [DX Code]

Dear [Insurance Company's Claims Department or Specific Person's Name],
I am writing to provide clarification regarding the diagnosis code submitted for the above-referenced patient and claim.

The diagnosis code [DX Code] was assigned based on [brief explanation of the diagnosis and rationale]. This code accurately reflects the patient's condition as documented in the medical record.

If you require any further information or supporting documentation to assist in the review of this claim, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title]

[Your Practice/Company Name]