

[Your Name]
[Your Title/Position]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Insurance Company/Organization Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Adjustment of DX Code

I hope this letter finds you well. I am writing to formally request an adjustment to the diagnosis code associated with [Patient's Name], [Patient's ID or Policy Number], as per the recent claim submitted on [Date of Claim Submission].

Upon review of the documentation and the services rendered, it has come to my attention that the diagnosis code [Original DX Code] used in the claim does not accurately reflect the patient's condition, which is best represented by [Correct DX Code].

The details of the case are as follows:

- Patient Name: [Patient's Name]
- Date of Service: [Date]
- Original DX Code: [Original DX Code]
- Correct DX Code: [Correct DX Code]
- Brief explanation of why the adjustment is necessary (e.g., changes in diagnosis assessments, updated clinical findings).

I appreciate your prompt attention to this matter and am hopeful for a favorable resolution. Please find attached the relevant documentation to support this request.

Thank you for your cooperation and support.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization]