



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY®

## Template Appeal Letter: Inappropriate E/M Downcoding

December 2025

*While the AAO-HNS cannot represent physician members individually on each issue with private payers, the Academy strives to provide resources that assist members on nationwide reimbursement matters. In response to the implementation of new downcoding policies by certain major insurers (including [Cigna](#) and [Aetna](#))—which automatically downcode certain level 4 and 5 evaluation and management (E/M) services without proper clinical review—the following template letter is provided to AAO-HNS members as a resource to assist in drafting appeals.*

*The letter below is intended for guidance only and should be customized to reflect your specific circumstances. Please ensure that all sections are tailored appropriately before sending, including the addition of your organization’s letterhead or logo, completion of blank fields, and removal of any content not relevant to your case.*

*Supporting documentation, such as medical notes, operative reports, and the Academy’s September 2025 [comment letters](#) to Aetna and Cigna regarding their respective downcoding policies, should be included as applicable to strengthen your submission. It is important to note that this document does not guarantee a successful appeal or payment but is simply a tool to facilitate the appeals process.*

*For additional information, please reference this [PDF resource](#) from the American Medical Association (AMA) and this [AMA table](#) outlining elements of medical decision making for E/M codes. Questions? Contact the Academy’s Health Policy Advocacy Team: [healthpolicy@entnet.org](mailto:healthpolicy@entnet.org).*

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[Insert Date]

ATTN: [Insert Medical Director’s Name]

[Insert Insurance Company Name]

[Insert Insurance Company Address]

[Insert Insurance Company City/State]

Re: Inappropriate E/M Downcoding

Claim #: [Insert Claim Number]

Patient Name: [Insert Patient's Name]  
Policy/Subscriber ID: [Insert Patient's Policy/Subscriber ID]  
Date(s) of Service: [Insert Date(s) of Service]  
Originally Submitted Code: [Insert CPT Code (e.g., 99204, 99205, 99214, 99215)]  
Insurer-Assigned Code: [Insert Downcoded CPT Code]  
Total Billed Amount: [Insert Total Billed Amount]

Dear [Insert Medical Director's Name]:

I am writing to formally appeal the automatic downcoding of my level 4 and/or level 5 evaluation and management (E/M) claims associated with the above-referenced patient encounter(s). I was recently made aware that these claims were reduced as part of your company's internal "downcoding program," a process that appears to downcode services without an individualized clinical review.

On [Insert Date of Service], I submitted a claim using CPT code [Insert Originally Submitted Code] for [Insert Patient's Name]. This claim was based on [Insert Level of Medical Decision-Making / Total Time Spent], as documented in the patient's medical record, which I've attached. [Insert Payer] subsequently downcoded the claim to [Insert Downcoded Code], despite documentation supporting the higher-level service.

Below is a summary of the clinical circumstances that necessitated the originally billed code:

- **Problem:**  
[Insert the number and complexity of problems addressed. Provide a brief description of the patient's symptoms, condition(s), severity, or reason for the visit. Document relevant chronic illnesses, acute illnesses/injuries, and/or undiagnosed new problems.]
- **Data:**  
[Insert the amount and/or complexity of data reviewed and analyzed, including unique tests, orders, and independent historian(s). Document the independent interpretation of a test and/or the discussion of management or test interpretation.]
- **Risk:**  
[Insert the risk of complications and/or morbidity and mortality of patient management. Document the risk of morbidity from additional diagnostic testing or treatment.]
- **Time:** [If billing by time, insert total time spent on the date of service]

Based on the documentation submitted with the claim, and in accordance with the AMA's CPT E/M guidelines, the service clearly meets the criteria for CPT code [Insert Downcoded Code]. Please review the attached documentation, reprocess this claim, and allow payment for [Insert Downcoded Code].

Furthermore, I respectfully request reconsideration of my placement in [Insert Payer]'s downcoding program. As evidenced above, the documentation submitted with my E/M claims fully supports the complexity of each encounter. Although my practice will continue to individually appeal similarly downcoded claims, this process creates operational barriers and delays in reimbursement that burden medical practices and divert resources away from patient care.

Please let me know if further clinical details are needed to complete your review. I appreciate your timely reconsideration of this claim and my placement in [Insert Payer]'s downcoding program. Thank you for your consideration.

Sincerely,

[Insert Physician Name]

[Insert Practice/Institution Name]

Enclosures: [List Number of Enclosed Documents]

cc: [Insert Patient's Name]