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CO-22 Denial Code Appeal Letter Template & Instructions

Professional Tools to Overturn Incorrect COB Denials

✅ BEFORE YOU BEGIN

☐ Verify This Checklist:

- Claim was submitted to the correct payer based on COB rules
- You have documentation proving payer order
- Within timely filing limit for appeals (typically 60-180 days)
- Patient's current insurance information is accurate
- You've already contacted payer to clarify denial

☐ Required Supporting Documents:

- Copy of patient's insurance cards (all active policies)
- Completed COB questionnaire signed by patient
- Eligibility verification printouts showing coverage dates
- Primary payer's EOB (if appealing secondary claim)
- Documentation supporting your COB determination
- Court order (if applicable for divorced parents)
- Medicare MSP questionnaire (if applicable)

📝 APPEAL LETTER TEMPLATE

Copy and paste the text below onto your practice letterhead. Replace bracketed text with your specific case details.

[Your Practice Letterhead]

[Date]

[Insurance Company Name]
[Appeals Department]
[Address]
[City, State ZIP]

Sent via: ☐ Certified Mail ☐ Fax ☐ Payer Portal

RE: Appeal of CO-22 Denial - Request for Claim Reprocessing

Patient Name: [Patient Full Legal Name]	**Member ID:** [Policy/Member Number]
Claim Number: [From EOB/ERA]	**Date(s) of Service:** [Service Date]
Provider NPI: [Your NPI Number]	**Total Billed Amount:** $[Amount]

Dear Appeals Review Committee:

We are formally appealing the denial of the above-referenced claim under Claim Adjustment Reason Code CO-22 (Coordination of Benefits). We respectfully disagree with your determination and request immediate reprocessing of this claim.

BASIS FOR APPEAL:

[Select ONE applicable scenario below and delete the others]

Option 1 - Birthday Rule Application:
Based on the birthday rule for dependent children, [Insurance Company Name] is the primary payer for this patient. The subscriber [Parent Name] was born on [MM/DD], which falls earlier in the calendar year than the other parent's birthday of [MM/DD]. Per industry-standard COB rules, the parent with the earlier birthday in the year provides primary coverage for dependent children.

Option 2 - Employment-Based Coverage:
[Insurance Company Name] is primary because the patient has active employer-sponsored coverage through [Employer Name]. The patient's other coverage is [describe: COBRA/retiree/spouse's plan], which is secondary to active employment-based coverage per standard COB guidelines.

Option 3 - Medicare Secondary Payer:
This claim was correctly submitted to [Insurance Company Name] as primary because the patient has active employer group health plan coverage through an employer with 20 or more employees. Per Medicare Secondary Payer rules, Medicare is secondary in this situation.

SUPPORTING DOCUMENTATION ENCLOSED:

- Copy of all active insurance cards
- COB questionnaire completed by patient on [date]
- Eligibility verification from [date] confirming coverage
- [Primary payer's EOB showing claim denial - if applicable]

REQUESTED ACTION:

We request that you update your COB records to reflect accurate information, reprocess this claim with [Insurance Company Name] as primary payer, and issue payment per the patient's benefit plan.

REGULATORY REFERENCE:

This appeal is submitted in accordance with the NAIC Model Regulation for Coordination of Benefits and your published COB policies.

We have verified that [Insurance Company Name] is the correct primary payer for this claim. If you need additional information, please contact me immediately at the number below.

Sincerely,

[Signature]

[Your Name]
[Title]
[Direct Phone Number]
[Email Address]

📤 AFTER SENDING YOUR APPEAL

☐ Tracking Checklist:

Note appeal sent date: _____

Method sent: _____

Certified mail tracking #: _____

Expected response by: _____

(usually 30 days)

Set follow-up reminder for:

_____ (15 days)

☐ Follow-Up Actions:

- No response in 15 days? Call appeals department for status
- Denial upheld? Request peer-to-peer review or second-level appeal
- Still denied? Consider involving state insurance commissioner
- Pattern of denials? Document for potential bad faith claim

☐ Pro Tips:

- Keep copies of everything
- Document all phone conversations
- Send appeals via trackable method
- Reference specific policy sections when possible
- Be professional but firm

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