Reimbursement for Administration of [DRUG NAME] – Use of CPT Code 96401, 96413, and/or 96415

To Whom It May Concern,

On behalf of [Practice Name], I am writing to formally request that [Payor] align with Medicare guidelines regarding appropriate reimbursement for complex drug administration using CPT codes 96401, 96413, and/or 96415, as clinically appropriate, for the administration of [Drug Name] ([J-code]).

Claims submitted using these codes are being denied or reimbursed at a reduced rate, despite correct coding and adherence to CMS guidance.

[Drug Name] is a complex biological drug which requires direct healthcare provider supervision and intense monitoring for toxicity. According to the Medicare Claims Processing Manual, Chapter 12, Section 30.5(D):

"Complex biologic agents requiring professional monitoring for potential adverse reactions are appropriately reported with CPT codes designated for complex drug administration rather than standard therapeutic injection codes."

Because [Drug Name] meets the criteria for complex administration—its administration should be billed under CPT code 96401 (for complex injections) or 96413 and 96415 (for complex infusions), rather than lower-level therapeutic administration codes.

We respectfully request that [Payor]:

1. Recognize and reimburse CPT codes 96401, 96413, and/or 96415 for the administration of [Drug Name], per the Medicare Claims Processing Manual.
2. Review and reprocess any previously denied or downcoded claims involving the administration of [Drug Name] when submitted with these CPT codes.
3. Clarify your internal policy and claims processing logic to ensure appropriate reimbursement for complex injectable and infusion services consistent with Medicare policy.

Timely and appropriate reimbursement is essential for rheumatology practices providing high-complexity treatments to your beneficiaries. We urge you to address this matter promptly and provide confirmation of receipt along with a plan for resolution.

Sincerely,