[Your Name/Organization Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Payer Name]
[Claims/Appeals Department Address]
[City, State, Zip Code]

RE: Appeal of Denied Claim for Modifier -25

Patient Name: [Patient Name]
Member ID: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Total Amount Charged: $[Amount]

To Whom It May Concern,

This letter is a formal appeal regarding the denial of the Evaluation and Management (E/M) service provided on the above-referenced claim. The claim was denied stating that the E/M service was inclusive of the procedure performed on the same day.

According to CPT guidelines, Modifier -25 is used to indicate that on the day a procedure or service was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.

On [Date of Service], the patient presented for [Reason for Visit/Diagnosis]. During this encounter, a separate and distinct evaluation was performed for [Detail of separate medical decision making]. This E/M service was medically necessary and independent of the [Name of Procedure] performed during the same visit.

Attached you will find the clinical documentation for this encounter, which clearly demonstrates:

- A separate history and physical examination performed.
- Distinct medical decision-making related to a separate clinical issue.
- Documentation showing the E/M service exceeded the standard pre-procedure work.

Based on the attached documentation and CPT coding standards, we respectfully request that you overturn this denial and process payment for the E/M code [Insert CPT Code] with Modifier -25.

Thank you for your prompt attention to this matter. Please contact me at [Phone Number] if you require further information.

Sincerely,

[Signature]
[Printed Name and Title]

Enclosures: Copy of original claim, medical records/office notes for [Date of Service].