[Your Name/Organization Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

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

RE: Appeal for Denied Claim
Patient Name: [Patient First and Last Name]
Member ID: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Total Amount Disputed: $[Dollar Amount]

Dear Appeals Committee,

This letter is a formal appeal regarding the denial of CPT code(s) [Insert Denied CPT Code(s)]. These services were denied based on [Insert Denial Reason, e.g., Unbundled/Inclusive], despite the use of Modifier 59.

We are requesting a reconsideration of this claim because the procedures performed were distinct, independent, and performed at [Insert Reason: e.g., different anatomical sites, different sessions, or through separate incisions].

According to CPT guidelines, Modifier 59 is used to identify procedures or services that are not normally reported together but are appropriate under these specific clinical circumstances. Documentation is attached to support the following:

- A different session or patient encounter.
- A different procedure or surgery.
- A different site or organ system.
- A separate incision, excision, lesion, or injury.

Enclosed you will find the operative report and clinical notes that clearly demonstrate the necessity of treating these as separate services. Please re-process this claim for payment.

If you require further information, please contact [Name] at [Phone Number]. Thank you for your time and prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Tax ID Number]

Enclosures: [List documents, e.g., Operative Report, Original Claim, EOB]