[Your Name/Organization Name]
[Tax ID Number]
[NPI Number]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Claim Appeal for Unbundled Services / Incorrect Modifier Denial

Patient Name: [Patient Name]
Subscriber ID: [Subscriber ID]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Total Billed Amount: $[Amount]

To Whom It May Concern,

This letter is a formal appeal regarding the denial of the above-referenced claim. The claim was denied for [mention denial code/reason, e.g., unbundling or incidental procedure], suggesting that certain services should be included in the primary procedure code.

We disagree with this determination for the following reasons:

1. Clinical Justification: The services provided were distinct and separate from the primary procedure. [Briefly describe why the codes are separate, e.g., performed on a different site, different organ, or separate incision].

2. Proper Modifier Application: Modifier [Enter Modifier, e.g., -59, -25, or -XS] was appended to code [Enter CPT/HCPCS Code] to indicate that this was a distinct procedural service. Per CPT and CMS guidelines, this modifier is appropriate when a service is independent of other services performed on the same day.

3. Documentation Support: Attached you will find the operative report and clinical notes for this encounter. These documents clearly demonstrate that [explain what the documentation shows, e.g., the procedures were not part of a single surgical package].

Based on the clinical evidence provided, we request that you overturn the original denial and process the claim for additional payment.

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

Sincerely,

[Your Signature]
[Your Printed Name]
[Title]

Enclosures:
- Copy of Original Remittance Advice
- Operative Report / Clinical Progress Notes
- [Any other supporting documents]