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

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

RE: Appeal for Denied Claim
Patient Name: [Patient Name]
Member ID: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Denied CPT Code: [CPT Code]

To Whom It May Concern,

This letter is a formal appeal regarding the denial of the above-referenced claim. The claim was denied for [Reason for Denial, e.g., Global Surgery Package/Inclusive Service]. We believe this denial is incorrect based on the appropriate application of Modifier 24.

On [Date of Service], the patient was seen for a follow-up visit. While this visit occurred during the postoperative period of a procedure performed on [Date of Original Surgery], the evaluation and management service provided was for a condition entirely unrelated to the original surgery.

Specifically, the original surgery was for [Name of Original Surgical Procedure/Diagnosis]. However, the service performed on [Date of Service] was to address [New Diagnosis/Reason for Visit], which is distinct and separate from the postoperative care of the initial surgery.

Modifier 24 was appended to CPT code [CPT Code] to indicate that the evaluation and management service was an unrelated service by the same physician during a postoperative period. Documentation is attached to support that this visit was not related to the surgical site or routine postoperative recovery.

Please re-evaluate this claim and process it for payment. If you require additional information, please contact me at [Phone Number].

Sincerely,

[Signature]
[Printed Name]
[Title/Credentials]

Enclosures:
- Copy of Original Claim
- Medical Records/Encounter Notes for [Date of Service]
- Operative Report from [Original Surgery Date]