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

[Insurance Company Name]
[Appeals Department]
[Address]
[City, State, Zip Code]

RE: Appeal for Denied Claim

Patient Name: [Patient Name]
Patient Date of Birth: [DOB]
Member ID: [Member ID]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Total Amount Denied: [Amount]

To Whom It May Concern,

I am writing to formally appeal the denial of the above-referenced claim. The claim was denied for an "Invalid Procedure Code and Modifier Combination."

After reviewing the medical documentation, we have determined that the procedure code **[CPT/HCPCS Code]** and modifier **[Modifier Code]** used are correct and appropriate for the services rendered. The modifier was applied to accurately describe the following circumstances:

[Briefly explain why the modifier was used, e.g., "Modifier -25 was used to indicate a significant, separately identifiable evaluation and management service performed on the same day as a procedure."]

Attached you will find the supporting medical records, including [List attachments, e.g., office notes, operative report, or treatment plan], which justify the necessity of both the procedure and the modifier used.

We request that you re-evaluate this claim and process it for payment. If you require further information, please contact [Contact Person Name] at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Printed Name and Title]

Enclosures:
[Copy of Denial Notice]
[Medical Records/Documentation]
[Coding Guidelines/Reference Materials]