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

[Date]

[Payer Name]
[Claims/Appeals Department]
[P.O. Box or Street Address]
[City, State, Zip Code]

RE: Appeal for Denied Claim
Patient Name: [Patient Full Name]
Policy ID Number: [Policy ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Denied CPT Code(s): [List Denied Codes]
Modifier Used: [e.g., 24, 58, 78, or 79]

To Whom It May Concern,

I am writing to formally appeal the denial of the above-referenced claim. The claim was denied stating the services are included in the global surgical package. However, we believe this denial is incorrect based on the specific circumstances of this encounter and the appropriate use of Modifier [Insert Modifier].

The procedure/visit performed on [Date of Service] is eligible for separate reimbursement because:

[Select the applicable reason below and delete the others]

- The evaluation and management service was unrelated to the original procedure (Modifier 24).
- The procedure was a planned or staged encounter (Modifier 58).
- The procedure was an unplanned return to the operating room for a related complication (Modifier 78).
- The procedure was completely unrelated to the original surgery (Modifier 79).

Attached you will find the following supporting documentation:

- Operative reports for the original and subsequent procedures.
- Clinical progress notes demonstrating the independent nature of the visit.
- [Any other relevant medical records].

Based on this clinical evidence, please reprocess this claim for payment. If you require further information, please contact [Name] at [Phone Number].

Sincerely,

[Signature]
[Printed Name and Title]