[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 Denial of Concurrent Preventive and Problem-Focused Services

Patient Name: [Patient Name]
Member ID: [Member ID]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To Whom It May Concern,

This letter serves as a formal appeal regarding the denial of CPT code [Enter Problem-Focused Code, e.g., 99213/99214] billed in conjunction with CPT code [Enter Preventive Code, e.g., 99395] for the above-referenced claim. The claim was denied stating [Reason for Denial, e.g., "Service is included in another procedure"].

On [Date of Service], the patient presented for a scheduled preventive examination. However, during this encounter, the patient also required significant and separate evaluation and management for the following acute/chronic condition(s): [List Conditions, e.g., Uncontrolled Hypertension and New Onset Joint Pain].

The documentation for this encounter supports that the work performed for the problem-focused visit was "significant and separately identifiable" from the routine preventive exam. In accordance with CPT coding guidelines and the use of Modifier -25, both services are eligible for reimbursement when the following criteria are met:

- The problem-focused service addressed a specific medical concern that required additional work beyond the scope of a routine preventive physical.
- The documentation outlines a distinct history, physical examination, and medical decision-making process for the separate condition.

I have attached the redacted medical records for this date of service to demonstrate the necessity of both codes. We request that you overturn the denial and process the claim for additional payment.

Thank you for your prompt attention to this matter. Please contact [Contact Name] at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]
[Physician Name, Title]
[NPI Number]

Enclosures: Copy of original claim, EOB, and medical documentation for [Date of Service].