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

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

RE: Letter of Appeal for Denied Claim
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Member ID: [Policy ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To Whom It May Concern,

This letter is a formal appeal regarding the denial of the above-referenced claim. The claim was denied stating that the bilateral procedure reported with Modifier 50 was either incorrectly coded or not covered as a bilateral service.

We are contesting this denial based on the following clinical and coding justifications:

- **Procedure Code:** [CPT/HCPCS Code]
- **Modifier Used:** 50 (Bilateral Procedure)
- **Clinical Indication:** The procedure was performed on both the left and right [specify body part, e.g., knees/eyes/ears] during the same operative session.
- **CMS Medicare Physician Fee Schedule (MPFS) Status:** The procedure code [CPT Code] has a Bilateral Indicator of "1," which confirms that the bilateral adjustment applies and the use of Modifier 50 is appropriate.

Attached you will find the operative report and clinical notes clearly documenting the work performed on both sides of the body. Based on this documentation and standard industry coding guidelines, we request that the claim be reprocessed for the additional 50% allowable payment associated with a bilateral procedure.

Please review this claim and provide a written response regarding the status of this appeal within [30] days. If you require further information, please contact [Contact Person Name] at [Phone Number].

Sincerely,

[Signature]
[Printed Name and Title]

Enclosures:
- Copy of Original Claim
- Operative Report/Clinical Documentation
- Denial Notification/EOB