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

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

RE: First Level Appeal for Denied E/M Service

Patient Name: [Patient Full Name]
Member ID: [Insurance ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Total Amount Disputed: [Dollar Amount]

To Whom It May Concern,

This letter is a formal first-level appeal regarding the denial of the Evaluation and Management (E/M) service (CPT Code [Insert Code]) provided on the date referenced above. The claim was denied with the reason that the E/M service is "bundled" into the procedure performed on the same day.

We are requesting a reconsideration of this denial based on the following grounds:

- **Significant, Separately Identifiable Service:** The E/M service provided was significant and separately identifiable from the procedure performed. Documentation shows that the patient's condition required a distinct evaluation that went beyond the usual pre-operative and post-operative care associated with the procedure.
- **Modifier 25 Usage:** Modifier 25 was correctly appended to the E/M code to indicate that the service met the criteria for a separate reimbursement.
- **Clinical Justification:** [Insert brief clinical reason, e.g., "The patient presented with a new complaint of X, which resulted in the decision to perform procedure Y."]

Attached you will find the clinical notes for this encounter which clearly support the separate nature of the E/M service. We request that you reprocess this claim for payment.

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

Sincerely,

[Signature]
[Printed Name and Title]

Enclosures: Copy of original claim, Explanation of Benefits (EOB), Clinical Encounter Notes.