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

[Date]

[Claims Department Name]
[Insurance Company Name]
[P.O. Box/Street Address]
[City, State, Zip Code]

RE: Formal Appeal for Reconsideration of Denied Claim

Patient Name: [Patient First and Last Name]
Patient Date of Birth: [MM/DD/YYYY]
Member ID Number: [ID Number]
Claim Number: [Claim Number]
Date of Service: [MM/DD/YYYY]
Total Amount Disputed: $[0.00]

To Whom It May Concern,

This letter is a formal appeal regarding the denial of CPT code(s) **[Insert Denied Code(s)]** for the above-referenced claim. The claim was denied as "bundled" or "inclusive" to the primary procedure **[Insert Primary CPT Code]**. We believe this denial is incorrect based on the appropriate application of Modifier 59.

Modifier 59 was appended to CPT code **[Insert Denied Code]** to signify that this procedure was a distinct procedural service, performed independently of the other non-evaluation and management services. According to CPT guidelines and CMS National Correct Coding Initiative (NCCI) policy, this service qualifies for separate reimbursement because it represents a:

- Different session
- Different procedure or surgery
- Different site or organ system
- Separate incision/excision
- Separate lesion or separate injury

Clinical Justification:
[Briefly describe why the procedures were separate. Example: The procedures were performed on two distinct anatomical sites (Site A and Site B) through separate incisions.]

Enclosed you will find the operative report and clinical documentation supporting the medical necessity and the distinct nature of these services. We respectfully request that you overturn this denial and process the claim for additional payment.

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

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Credentials]

Enclosures:
- Original Explanation of Benefits (EOB)
- Operative Report/Physician Progress Notes
- CMS NCCI Edit Documentation (if applicable)