[Your Name/Organization Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

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

RE: Final Level Reconsideration Appeal
Patient Name: [Patient Full Name]
Member ID: [Subscriber ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Total Disputed Amount: $[Dollar Amount]

To the Appeals Committee,

This letter serves as a formal final reconsideration appeal regarding the denial of CPT code(s) [Insert Denied CPT Code, e.g., 11102] as "bundled" or "integral" to CPT code [Insert Primary CPT Code, e.g., 17000]. We maintain that these services are distinct, separate, and medically necessary.

The denial was based on the premise that these services are part of a global package. However, per CPT guidelines and National Correct Coding Initiative (NCCI) edits, the use of Modifier [Insert Modifier, e.g., -59 or -XS] is appropriate in this instance because:

- The services were performed at different anatomic sites or organ systems.
- The procedures were performed through separate incisions or excisions.
- The secondary procedure was not a component of, or necessary for, the completion of the primary procedure.

Attached you will find the operative report and clinical documentation which clearly delineate the separate nature of these procedures. Specifically, [Briefly describe clinical justification, e.g., the biopsy was performed on the left shoulder while the destruction was performed on the right forehead].

Based on this evidence, we request that you overturn the previous denial and provide full reimbursement for the distinct services rendered. We have exhausted the standard internal appeal levels and look forward to your final determination.

Sincerely,

[Your Signature]
[Typed Name and Title]

Enclosures:
1. Original Claim and Remittance Advice
2. Operative/Procedure Reports
3. Clinical Progress Notes