Date: [Date]

To: [Medical Director Name/Utilization Review Department]
Insurance Company: [Insurance Company Name]
Fax Number: [Fax Number]

RE: Peer-to-Peer Reconsideration Request
Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [Member ID]
Claim/Reference Number: [Claim Number]
Date of Service: [Date of Service]

Dear Medical Director,

I am writing to formally request a Peer-to-Peer reconsideration regarding the denial of the following codes: [Insert Denied CPT Codes]. These services were denied on the basis of being "bundled" or inclusive of other procedures performed on the same date.

I am requesting this discussion to clarify that these procedures were distinct, medically necessary, and satisfy the criteria for separate reimbursement. Specifically, the clinical documentation supports that:

- The services were performed at separate anatomical sites.
- The procedures involved distinct surgical objectives or separate incisions.
- The complexity of the patient's condition required independent interventions beyond the scope of a single global code.

Please find the attached operative notes and clinical justifications which further detail the necessity of unbundling these specific line items.

I am available for a Peer-to-Peer call at the following times:

- [Option 1: Date and Time Window]
- [Option 2: Date and Time Window]

You may reach me directly at [Direct Phone Number] or through my coordinator at [Coordinator Phone Number].

Thank you for your timely reconsideration of this matter.

Sincerely,

[Provider Name]
[Provider NPI]
[Clinic/Facility Name]