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

[Payer Name]
[Appeals Department Address]
[City, State, Zip Code]

RE: Reconsideration of Bundled Service Denial
Patient Name: [Patient Name]
Member ID: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To Whom It May Concern,

I am writing to formally appeal the denial of the following CPT/HCPCS code(s): [List Denied Codes]. These services were denied as being bundled into [List Primary Procedure Code]. We respectfully request a reconsideration based on current coding guidelines.

Our clinical documentation demonstrates that [Code] represents a distinct and separate service from [Code] because:

- [Reason 1: e.g., The procedure was performed at a different anatomical site]
- [Reason 2: e.g., The procedure was performed during a separate encounter on the same day]
- [Reason 3: e.g., The service is not considered a component of the primary procedure according to NCCI edits]

According to [Reference Guidelines, e.g., CPT Assistant or CMS NCCI Policy Manual], these services are separately reportable when [State Condition]. We have attached the operative report and relevant clinical notes to support the independent nature of these services.

Please review the attached documentation and reprocess this claim for payment. If you require further information, please contact me at [Phone Number].

Sincerely,

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

Enclosures: [List attached documents, e.g., Operative Report, Clinical Notes, NCCI Guidelines]