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

[Date]

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

RE: Second Level Appeal for Reconsideration
Patient Name: [Patient Full Name]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Denied Procedure Code (CPT): [Denied CPT Code]
Primary Procedure Code (CPT): [Primary CPT Code]

To the Appeals Committee,

I am writing to formally submit a second-level appeal regarding the denial of coverage for CPT code [Denied Code], which was performed on [Date of Service]. This claim was denied on the basis that the procedure is "bundled" into the primary procedure [Primary Code]. We disagree with this assessment and request a formal clinical review.

While we understand National Correct Coding Initiative (NCCI) edits, the minor procedure performed in this instance was distinct, separate, and medically necessary for the following reasons:

- **Distinct Procedural Service:** The procedure was performed at a different anatomical site/separate incision from the primary procedure.
- **Independent Effort:** The work performed for [Denied Code] exceeded the usual pre-operative and post-operative care associated with [Primary Code].
- **Modifier Usage:** As indicated in the original claim, Modifier [e.g., -59 or -XS] was applied to demonstrate that this was a distinct procedural service.

Attached you will find the following supporting documentation:

- The original operative report detailing the separate nature of the procedures.
- Clinical notes justifying the medical necessity of the secondary procedure.
- The previous denial letter and first-level appeal response.

We request that you re-examine this claim based on the specific clinical documentation provided rather than an automated bundling edit. Please notify me of your decision in writing within the timeframe mandated by state law and policy guidelines.

Thank you for your time and reconsideration.

Sincerely,

[Your Signature]
[Your Printed Name]