[Physician Name]
[Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Reconsideration of Denied Claim
Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [Member ID]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To Whom It May Concern,

I am writing to formally request a reconsideration of the denial for the following CPT codes: [List Denied Codes]. These services were denied as being bundled or inclusive to the primary procedure [Primary CPT Code] performed on the same day.

I am appealing this decision because these services represent distinct, separate, and medically necessary procedures that are not integral to the primary service. Documentation is attached to support the following:

- The services were performed in different anatomical sites.
- The services were performed during separate sessions or encounters on the same day.
- The procedure was independent of and not a standard component of the primary service.
- Modifier [e.g., -25 or -59] was appropriately applied to indicate a distinct procedural service.

Clinical Justification:
[Insert brief clinical explanation of why both services were required for the patient's care.]

Based on the medical necessity and the distinct nature of these services, I request that the denial be overturned and the claim be processed for full payment. Enclosed you will find the operative report, clinical notes, and supporting documentation for your review.

Thank you for your prompt attention to this matter. Please contact my office at [Phone Number] if you require additional information.

Sincerely,

[Physician Signature]
[Physician Name, Credentials]
[NPI Number]

Enclosures: [List documents, e.g., Operative Report, Office Notes]