[Your Name/Organization Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Appeal for Corrected Coding (Denial: Duplicate Claim)

- **Patient Name:** [Patient Name]
- **Member ID:** [Member ID Number]
- **Claim Number:** [Original Claim Number]
- **Date of Service:** [Date]
- **Billed Amount:** $[Amount]

Dear Appeals Department,

This letter is a formal appeal regarding the denial of the above-referenced claim, which was rejected as a duplicate. Upon internal review, we have determined that this is not a duplicate submission, but rather a corrected claim involving specific modifiers or distinct services performed on the same day.

The original claim was billed incorrectly. We are now submitting this as a **Corrected Claim**. To distinguish these services and clarify that they are separate and distinct, we have applied the following coding changes:

[Insert explanation here, e.g., Added Modifier 59 to CPT Code XXXXX to indicate a distinct procedural service, or Added Modifier 50 for bilateral procedure.]

Attached you will find the following supporting documentation:

- The corrected CMS-1500 form.
- Relevant medical records/operative notes for the date of service.
- The original Remittance Advice (RA) showing the denial.

Please re-process this claim as a corrected submission rather than a duplicate. If you require further information, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Typed Name]
[Title/Department]