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

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

RE: Appeal for Denied Claim (Duplicate Claim Denial)

Patient Name: [Patient Name]
Policy Number: [Policy ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Total Billed Amount: $[Amount]

To Whom It May Concern,

This letter is a formal appeal regarding the denial of the above-referenced claim. The claim was denied as a "duplicate service"; however, we are requesting a reconsideration for payment based on the correct use of Modifier 59.

The services performed on [Date of Service] involved distinct procedures that are not normally reported together but are appropriate under these specific clinical circumstances. Specifically, CPT code [Code 1] and CPT code [Code 2] were performed on:

- Different anatomical sites,
- Through separate incisions/excisions, or
- During separate sessions on the same day.

Modifier 59 was appended to code [Code 2] to indicate that this procedure was a distinct procedural service. Because these services were independent of one another and performed at different sites/sessions, they should not be bundled or denied as duplicates.

Enclosed you will find the clinical documentation and operative reports that support the distinct nature of these services. We request that you reprocess this claim for full payment.

Thank you for your prompt attention to this matter. If you require further information, please contact [Contact Name] at [Phone Number].

Sincerely,

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

Enclosures: [Medical Records, Operative Report, Original Claim]