

PRACTICE LETTERHEAD — enter your organization name, address, phone, fax, and email below White-label: replace with your practice branding

Date:

**To:**

Payer Name

Appeals Department

Mailing Address

City, State, ZIP

**Re:**

FIELD	ENTER YOUR INFORMATION
Date of Letter	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Patient Name	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Date of Birth	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Member / Policy ID	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Group Number	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Claim Number	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Date(s) of Service	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Provider Name / NPI	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Procedure Code(s)	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Denial Code	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Amount in Dispute	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Billed Amount	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Denied Procedure	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
Bundled With Code	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>

Dear Appeals Committee:

We are appealing the denial of the above procedure code, which was denied as bundled or for modifier issues. We respectfully disagree with this determination for the following reasons.

**Clinical Justification for Separate Payment:**

Select all that apply and complete the relevant fields below:

**DISTINCT PROCEDURAL SERVICE (Modifier 59 / X{EPSU})**

The denied service represents a distinct procedural service:

**Different anatomic site:**

**Different encounter/session:**

**Separate lesion/injury:**

**Not part of the primary procedure because:**

**SEPARATE E/M SERVICE (Modifier 25)**

A significant, separately identifiable E/M was performed:

Chief complaint for E/M:

Beyond typical pre/post work because:

**CCI EDIT DOES NOT APPLY to this clinical scenario**

CCI column indicator:

Reason edit should not apply:

**Modifier Used:**

**59 — Distinct Procedural Service**

**XE — Separate Encounter**

**XS — Separate Structure**

**XP — Separate Practitioner**

**XU — Unusual Non-Overlapping Service**

**25 — Significant, Separately Identifiable E/M**

**Other modifier:**

We request reconsideration of this denial and separate payment for the denied procedure code. The documentation supports that this was a distinct, separately payable service.

**Enclosures / Supporting Documentation:**

- Operative/procedure report clearly documenting separate services
- Medical records showing distinct conditions treated
- Diagram or photos showing separate anatomic sites (if applicable)
- CCI edit reference documentation
- Payer policy on modifier usage

**BILLING STAFF TIPS**

- CCI edits with a column 1/column 2 indicator of "0" can never be overridden — verify the indicator before appealing.
- Modifier 59 should be a last resort — use the more specific X modifiers (XE, XS, XP, XU) when the distinction is clear.
- Always attach operative notes that explicitly describe the distinct nature of each service billed.
- CARC 97 (bundled) vs CARC 204 (not covered for this practice type) require different strategies — verify which code applies.

Sincerely,

\_\_\_\_\_  
Authorized Signature

Name / Title

Practice / Organization

Phone

Fax

Email