

[~Current Date~]

Attn: Director of Claims

[~Insurance Policy #1 Carrier~]

[~Insurance Policy #1 Address~]

Re: Patient: [~Patient Name~]
Policy: [~Insurance Policy #1 Number~]
Insured: [~Responsible Party Name~]
Treatment Dates: [~Admission Date~] - [~Discharge Date~]
Amount: [~Total Charges~]

Dear Director of Claims,

We are in receipt of your payment for the above referenced claim. However, it is our position that your company failed to reimburse properly for this treatment.

This patient received an Evaluation and Management service on the same day that a minor procedure was performed. The claim was filed with the appropriate -25 modifier. This modifier, by definition, is to be used when a significant, separately identifiable evaluation and management service is provided by the same physician/physical therapist on the same day as a base procedure.

It is our position that the E&M service was required to provide this patient with optimum care and should be fully compensated. Please reprocess this claim allowing benefits for the E&M service. If no additional benefits are released, we appreciate your written response to this appeal with supporting documentation from Correct Coding Initiate guidelines or any applicable internal policy guidelines.

Sincerely,

Claims Analyst