

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

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

RE: Appeal for Denied Claim

Patient Name: [Patient Full Name]
Member ID: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To Whom It May Concern,

This letter is a formal appeal regarding the denial of CPT code(s) [Insert Denied Code], which was identified as mutually exclusive to CPT code [Insert Primary Code]. We are submitting this clarification to demonstrate that the services performed are distinct and eligible for separate reimbursement via the use of Modifier [Insert Modifier, e.g., -59 or -XS].

The documentation attached confirms that these services were performed:

- During a separate session;
- At a different procedure site or organ system;
- Through a separate incision/excision; or
- Represent a distinct procedure from the primary service.

Specifically, [Provide a brief one-sentence clinical justification, e.g., "The biopsy was performed on a separate lesion located on the left shoulder, distinct from the excision performed on the right forearm"].

Based on the National Correct Coding Initiative (NCCI) guidelines, the use of the modifier is appropriate in this clinical scenario to bypass the mutually exclusive edit. We respectfully request that you review the enclosed medical records and process this claim for payment.

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

Sincerely,

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

Enclosures:

- Copy of Original Claim
- Operative/Procedure Report
- Clinical Progress Notes