

**[Your Name/Organization]**

[Address Line 1]

[City, State, Zip Code]

[Phone Number]

[Date]

**[Payer Name]**

[Appeals Department]

[Address Line 1]

[City, State, Zip Code]

**RE: Appeal for Mutually Exclusive Denial**

**Patient Name:** [Patient Name]

**Subscriber ID:** [ID Number]

**Claim Number:** [Claim Number]

**Date of Service:** [Date of Service]

**Total Billed Amount:** [Total Amount]

To Whom It May Concern,

This letter is a formal appeal regarding the denial of CPT code(s) [Insert Denied Code(s)], which were denied as being mutually exclusive to CPT code [Insert Primary Code]. We believe this denial is incorrect because the procedures were performed on **separate anatomical sites** during the same operative session.

According to NCCI guidelines, documentation justifies the use of modifier [Insert Modifier, e.g., -59 or -XS] to indicate that the service was a distinct procedural service. Please review the enclosed medical records, which demonstrate the following:

- **Procedure [Code 1]:** Performed on [Specific Site, e.g., Right Shoulder].
- **Procedure [Code 2]:** Performed on [Specific Site, e.g., Left Shoulder or Different Incision].

The clinical documentation supports that these services involved separate incisions, separate organs, or separate lesions, and therefore should not be bundled. We request that you reprocess this claim for payment.

Enclosed please find the following supporting documents:

- Operative Report
- Original Claim Form
- Copy of the Explanation of Benefits (EOB)

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

Sincerely,

[Your Signature]

[Your Printed Name and Title]