

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Appeals Department Address]
[City, State, Zip Code]

RE: Appeal for Denied Claim

Patient Name: [Patient First and Last Name]
Subscriber ID: [Insurance ID Number]
Claim Number: [Claim Number]
Date of Service: [Date Procedure was Performed]
Denied CPT Codes: [List denied codes]

To Whom It May Concern,

I am writing to formally appeal the denial of the aforementioned claim regarding procedures identified as "mutually exclusive." The denial states that CPT code [Code A] and CPT code [Code B] cannot be billed together. I am requesting a formal reconsideration of this decision based on medical necessity and clinical documentation.

While these codes are generally considered mutually exclusive under standard NCCI edits, in this specific clinical instance, the procedures were distinct and necessary for the following reasons:

- **Different Anatomical Sites:** The procedures were performed on separate organs, limbs, or distinct body areas.
- **Separate Incisions:** The physician had to make separate incisions to address these two independent medical issues.
- **Clinical Complexity:** [Briefly describe the medical reason why both were required, e.g., the second procedure was not a component of the first].

Enclosed you will find the operative report and clinical notes from [Provider Name] which demonstrate that these were not redundant services, but separate and distinct surgical objectives performed during the same operative session.

Please review the attached medical records and process this claim for payment. I look forward to your response within [Number of Days, e.g., 30] days as per my policy guidelines.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:

- Copy of Denial Letter
- Physician Operative Report
- Clinical Progress Notes