

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

[Date]

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

RE: Expedited Appeal for Denied Claim/Service

Patient Name: [Patient Name]

Member ID: [ID Number]

Claim/Reference Number: [Reference Number]

Date of Service: [Date]

Dear Appeals Committee,

I am writing to formally request an **urgent expedited reconsideration** of the denial for [Procedure Name/CPT Code]. The denial was based on the assertion that this procedure is "mutually exclusive" to [Other Procedure Name/CPT Code].

I am requesting an expedited review because a delay in this treatment would seriously jeopardize the patient's life, health, or ability to regain maximum function.

We contest this denial for the following reasons:

- **Distinct Clinical Necessity:** The procedures were performed on different anatomical sites or through separate incisions.
- **Independent Purpose:** Each procedure addressed a separate and distinct diagnosis that cannot be resolved by one single code.
- **Medical Documentation:** Attached are the operative reports and physician notes demonstrating that these services are not duplicative or inclusive of one another.

Please find the attached letter of medical necessity from Dr. [Doctor's Name] explaining why these procedures are clinically separate and why an immediate decision is required.

I look forward to your prompt response within [Insert State/Plan Limit, e.g., 72 hours].

Sincerely,

[Your Signature]
[Your Printed Name]