

Date: [Date]

To: Medical Director / Utilization Management Department

Insurance Company Name: [Insurance Company Name]

Fax Number: [Fax Number]

RE: Peer-to-Peer Review Request for Mutually Exclusive Coding Denial

Patient Name: [Patient Name]

Member ID: [Member ID]

Group Number: [Group Number]

Claim/Reference Number: [Claim Number]

Date of Service: [Date of Service]

Dear Medical Director,

I am writing to formally request a Peer-to-Peer review regarding the denial of the following CPT codes: [CPT Code 1] and [CPT Code 2]. These services were denied based on the determination that they are mutually exclusive or bundled under NCCI (National Correct Coding Initiative) edits.

I disagree with this determination for this specific clinical encounter. While these codes may typically be considered mutually exclusive, the clinical circumstances of this case warrant separate reimbursement because:

- [Reason 1: e.g., The procedures were performed at different anatomic sites/separate incisions.]
- [Reason 2: e.g., The procedures were performed during different sessions on the same day.]
- [Reason 3: e.g., One procedure was diagnostic and the other was therapeutic, and the decision to perform the second was based on the findings of the first.]

Documentation supporting the distinct nature of these services, including operative reports and clinical notes, is attached for your review. I am requesting a conversation with a physician reviewer of the same or similar specialty to discuss the medical necessity and the distinct procedural nature of these codes.

Please contact my office at [Phone Number] to schedule this Peer-to-Peer review. My preferred times for the call are [Day/Time Window].

Thank you for your prompt attention to this matter.

Sincerely,

[Provider Name]

[Provider NPI]

[Practice Name]
[Phone Number]