

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

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

RE: Appeal for Denied Claim (Mutually Exclusive Procedures)

Patient Name: [Patient Name]
Policy Number: [Policy ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Total Billed Amount: \$[Amount]

To Whom It May Concern,

This letter is a formal appeal regarding the denial of CPT code(s) [Code 1] and [Code 2]. The claim was denied based on the rationale that these procedures are mutually exclusive under National Correct Coding Initiative (NCCI) edits.

Upon clinical review of the operative report and patient medical records, we are requesting a reconsideration of this denial for the following reason(s):

- **Separate Anatomical Site:** The procedures were performed on distinct and separate organs, structures, or body sites.
- **Separate Incision:** The procedures required separate incisions or entries.
- **Clinical Necessity:** [Briefly describe why both procedures were medically necessary and distinct].

Based on these circumstances, the use of Modifier [e.g., -59 or -XS] is appropriate to signify that these procedures were distinct and independent of one another during the same operative session.

Enclosed, please find the following supporting documentation:

- Original Operative Report
- Clinical Progress Notes
- Copy of the Denial Notification

We request that you re-process this claim for full payment. If you require further information, please contact me directly at [Phone Number].

Sincerely,

[Signature]

[Printed Name]

[Title/Credentials]