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

[Date]

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

RE: Appeal of Denied Claim

Patient Name: [Patient Name]
Member ID: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To the Appeals Committee,

I am writing to formally appeal the denial of coverage for [CPT Code 1] and [CPT Code 2]. The denial letter dated [Date of Denial] states that these procedures are "mutually exclusive" and cannot be billed together.

I am requesting a surgical exception for this claim. While these codes are typically bundled under NCCI edits, the clinical circumstances of this specific case necessitated both procedures being performed as distinct and separate services. Specifically, [CPT Code 1] was performed for [Reason/Diagnosis 1], and [CPT Code 2] was performed for [Reason/Diagnosis 2].

These were not overlapping components of a single procedure. They involved:

- [Insert specific detail: e.g., Different anatomical sites]
- [Insert specific detail: e.g., Separate incisions]
- [Insert specific detail: e.g., Independent clinical objectives]

Attached you will find the operative report and clinical notes which demonstrate the medical necessity and independence of each procedure. I request that you re-evaluate this claim and allow for separate reimbursement based on the documented surgical complexity.

Thank you for your time and reconsideration. I look forward to your response within [Number of Days, e.g., 30] days.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures:

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