

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

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

RE: Final Administrative Appeal for Denied Claim

Patient Name: [Patient Full Name]
Member ID: [Member ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]
Total Disputed Amount: \$[Amount]

Dear Appeals Committee,

This letter serves as a formal final administrative appeal regarding the denial of the following procedure codes: [List CPT/HCPCS Codes]. These services were denied based on the assertion that they are "mutually exclusive" or part of a National Correct Coding Initiative (NCCI) edit.

We disagree with this determination for the following reasons:

- **Clinical Necessity:** The procedures performed were distinct and medically necessary for the patient's condition. [Briefly describe why both were needed].
- **Distinct Sites/Encounters:** These procedures were performed on separate anatomical sites or during separate sessions, which warrants individual reimbursement.
- **Modifier Usage:** Appropriate modifiers (e.g., Modifier 59 or XS) were applied to indicate that these services were distinct and independent from one another.

Enclosed you will find the following supporting documentation:

- Operative reports and clinical notes.
- Peer-reviewed literature supporting the concurrent use of these procedures.
- Previous correspondence regarding this claim.

We request a secondary review by a physician of the same specialty to validate the clinical independence of these procedures. Please process this final appeal and remit the remaining balance due within [Number] days.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Role]