



**AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY®**

Template Appeal Letter: Cone Beam CT (“MiniCT”)

February 2025

While the AAO-HNS cannot represent physician members individually on each issue with private payers, the Academy strives to provide resources that assist members on nationwide reimbursement matters. In response to reported denials for cone beam CT procedures, the following template letter is provided to AAO-HNS members as a resource to assist in drafting appeals. It is intended for guidance only and should be customized to reflect your specific circumstances. Please ensure that all sections are tailored appropriately before sending, including the addition of your organization’s letterhead or logo, completion of blank fields, and removal of any content not relevant to your case.

Supporting documentation, such as medical notes, operative reports, and the Academy’s [Position Statement](#) on point-of-care imaging in otolaryngology should be included as applicable to strengthen your submission. It is important to note that this document does not guarantee a successful appeal or payment but is simply a tool to facilitate the appeals process.

Questions? Contact the Academy’s Health Policy Advocacy Team:
healthpolicy@entnet.org.

[Insert Date]

ATTN: [Insert Medical Director’s Name]

[Insert Insurance Company Name]

[Insert Insurance Company Address]

[Insert Insurance Company City/State]

Re: Appeal for Claim Denial: [Insert Details/Relevant CPT Code]

Claim #: [Insert Claim Number]

Patient Name: [Insert Patient’s Name]

Policy/Subscriber ID: [Insert Patient’s Policy/Subscriber ID]

Date(s) of Service: [Insert Date(s) of Service]

Total Billed Amount: [Insert Total Billed Amount]

Dear [Insert Medical Director’s Name]:

This letter is a formal request for reconsideration of a denial received for the professional [and/or] technical component of Cone Beam Computed Tomography (CBCT), also referred to as “miniCT,” performed for patient [Insert Patient’s Name]. This claim was billed with CPT [Insert CPT Code and Descriptor] but was denied based on [Insert Reason for Denial].

Contact with local representatives of your organization has indicated that [Insert Payer]’s policy is as follows: “[Insert Payer’s Policy].” I respectfully disagree with [Insert Payer]’s denial of the claim, and I specifically reject [Insert Payer]’s determination that the efficacy of CBCT has not been sufficiently demonstrated for evaluating the sinus complexes compared to conventional CT modalities.

For your consideration, I have enclosed a statement from the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS), which supports the use of CBCT by otolaryngologist–head and neck surgeons for point-of-care imaging.

Please reprocess this claim(s), allowing payment for the performance and/or interpretation of the CBCT. If additional benefits cannot be approved, please provide a written explanation with supporting documentation from CMS guidelines and/or any applicable internal policy guidelines. Thank you for your consideration.

Sincerely,

[Insert Physician Name]

[Insert Practice/Institution Name]

Enclosures: [List Number of Enclosed Documents]

cc: [Insert Patient’s Name]