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Duplicate Claim Appeal Letter

Dispute a claim incorrectly denied as a duplicate when the original was not paid

PROVIDER INFORMATION

Date:	*[Today's Date]*
Practice Name:	*[Your Practice Name]*
Address:	*[Street, City, State, ZIP]*
Phone:	*[Phone Number]*
NPI:	*[NPI Number]*
Tax ID:	*[Tax ID / EIN]*

PAYER / INSURANCE COMPANY

Insurance Company:	*[Insurance Company Name]*
Appeals Department:	*[Department Name or Address]*
Address:	*[Street, City, State, ZIP]*
Fax:	*[Fax Number]*

CLAIM REFERENCE

RE: APPEAL OF CLAIM DENIAL

Patient Name: *[Patient Full Name]*
Date of Birth: *[MM/DD/YYYY]*
Member / Policy ID: *[Member ID]*
Claim Number (Denied): *[Denied Claim Number]*
Original Claim Number: *[Original Claim Number]*
Date of Service: *[MM/DD/YYYY]*
CPT Code(s): *[CPT Code(s)]*
Denial Reason: CO-18 — Duplicate Claim

LETTER OF APPEAL

Dear [Insurance Company] Appeals Department,

We are appealing the denial of the above-referenced claim with reason code CO-18 (Duplicate Claim). We respectfully submit that this denial is in error for the following reason(s):

[SELECT ONE OR MORE ARGUMENTS BELOW]

ARGUMENT 1 — Original claim was never paid: Our records show that the original claim (Claim No. [original claim number], submitted on [original submission date]) was received but has not been processed or paid as of [date]. The denied claim is not a true duplicate — it is a resubmission necessitated by the lack of payment on the original. Documentation of the original submission and current claim status is enclosed.

ARGUMENT 2 — Claims are for different dates of service / services: The two claims identified as duplicates are for distinct and separate services. Claim No. [claim 1] covers [service / CPT / DOS] while Claim No. [claim 2] covers [service / CPT / DOS]. These are not duplicates and should each be adjudicated independently.

ARGUMENT 3 — Corrected claim — not a duplicate: The resubmission was filed as a corrected claim (Frequency Code 7) to correct [describe correction — e.g., diagnosis code, modifier, billing NPI]. A corrected claim is not a duplicate submission and should be processed on its own merits.

We request that [Insurance Company] reopen this claim, remove the CO-18 denial, and process for payment. If there is a specific reason the claim was flagged as a duplicate, please provide the claim number of the original that was paid so we may investigate further.

ENCLOSURES

- Clearinghouse submission confirmation for original claim
- Current claim status / remittance showing original is unpaid
- Corrected claim with frequency code (if applicable)
- Documentation distinguishing the two claims (if different services / DOS)

Sincerely,

Provider Signature: _____

Printed Name: *[Provider Name]*

Title: *[Title / Credentials]*

Date: *[Date]*

Enclosures listed above. Keep a copy of this letter and all supporting documentation for your records.