

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

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

RE: Notice of Appeal for [Claim Number / Reference Number]
Patient Name: [Patient Name]
Policy Number: [Policy Number]
Group Number: [Group Number]

To the Appeals Review Committee,

I am writing to formally appeal the denial of coverage for a custom orthotic device (HCPCS Code: [Code, e.g., L3000]) prescribed by my surgeon, Dr. [Surgeon Name], following my surgery on [Date of Surgery] for [Name of Condition/Procedure].

The denial letter dated [Date of Denial] stated that the device was [Reason for Denial, e.g., not medically necessary / a non-covered benefit]. I am challenging this decision based on the following medical necessity requirements:

- **Post-Surgical Stabilization:** Following [Type of Surgery], my structural anatomy has been altered. A custom device is required to stabilize the [Foot/Ankle/Leg] to ensure the surgical site heals correctly.
- **Prevention of Complications:** Without this custom orthotic, I am at high risk for surgical failure, joint misalignment, or the development of secondary deformities.
- **Failure of Over-the-Counter Options:** Due to the specific surgical changes to my foot structure, prefabricated or over-the-counter inserts do not provide the necessary medical support or pressure redistribution required for my recovery.

Attached you will find a Letter of Medical Necessity from my surgeon, operative reports, and clinical notes detailing why this specific custom orthotic is an essential component of my post-operative rehabilitative care.

I request that you reconsider this claim and approve coverage for the device to prevent further medical complications. I look forward to your response within [Number of Days, e.g., 30] days as per policy guidelines.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

- Letter of Medical Necessity from Dr. [Surgeon Name]
- Operative Report dated [Date]
- Clinical Progress Notes