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

[Date]

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

RE: Coding Error Correction Appeal
Patient Name: [Patient Name]
Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date]

Dear Appeals Department,

I am writing to formally appeal the denial of the claim referenced above regarding prosthetic equipment. It has come to my attention that the denial was based on an incorrect Healthcare Common Procedure Coding System (HCPCS) code used during the initial submission.

The original claim utilized code [Incorrect Code], which does not accurately reflect the specific prosthetic component provided. After a clinical review with the prosthetist, it was determined that the correct code for this equipment should be **[Correct Code]** ([Description of Code]).

Enclosed with this letter, please find:

- A corrected claim form (CMS-1500) reflecting the accurate HCPCS code.
- The prosthetist's clinical notes detailing the specific technology and components of the limb.
- Manufacturer documentation verifying the classification of the equipment.

The prosthetic equipment provided is medically necessary for the patient's mobility and functional level. We request that you re-process this claim using the corrected coding provided to ensure the patient receives the appropriate coverage benefits.

Thank you for your time and for rectifying this administrative error. I look forward to your response within [Number of Days] days.

Sincerely,

[Your Signature]

[Your Printed Name]