

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

[Date]

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

RE: Appeal for Retroactive Authorization

Patient Name: [Patient Name]
Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date of Service]

To the Appeals Department,

I am writing to formally appeal the denial of coverage for the procedure performed on [Date of Service]. It is my understanding that the claim was denied due to a lack of prior authorization. I am requesting a retroactive authorization based on a clerical coding error.

The necessity for authorization was initially overlooked because the procedure was incorrectly coded as [Incorrect Code/Description] during the intake process. Upon further review, it was determined that the correct procedure code is [Correct Code/Description]. Had the correct code been identified at the time of scheduling, the standard authorization process would have been followed.

The procedure was medically necessary for the treatment of [Diagnosis/Condition]. Enclosed, please find the supporting medical documentation, including the physician's notes and the corrected billing statement, which verify the medical necessity and clarify the coding correction.

I respectfully request that you review this additional information and grant a retroactive authorization to allow for the processing and payment of this claim.

Thank you for your time and reconsideration of this matter. I look forward to your timely response.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [List documents, e.g., Medical Records, Corrected Claim Copy]