2025

Corneal Tissue Processing and Acquisition Billing Primer

How to properly bill for reimbursement

CorneaGen™

We're Here to Help

CorneaGen is pleased to provide customers with free reimbursement and medical claims assistance to help with billing corneal tissue to local Medicare and commercial insurance carriers. Our internal resources, in conjunction with 3rd party health care consultants, will help with coding, coverage, and reimbursement inquiries.

This primer is meant to provide facilities that are performing corneal transplants with information regarding how to effectively bill for reimbursement through Medicare and commercial payers.

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How to Bill Most Insurance Payers

Eye Banks are not Medicare providers and their donor tissue services are to be billed as a pass-through expense paid at total invoice cost.

Hospitals and ambulatory surgical centers (ASCs) report Healthcare Common Procedure Coding System (HCPCS) code V2785 when billing for the costs of acquiring corneal tissue. This code includes tissue processing, preserving, laboratory tests for infectious disease and transportation.

1. **For hospitals:** To receive cost-based reimbursement, submit charges for corneal tissue acquisition using **HCPCS code V2785** which has a Medicare Status Indicator "F" meaning that corneal tissue is not paid under Outpatient Prospective Payment System (OPPS) but paid at reasonable cost.
2. **For ASCs: V2785** may be billed separately or as an add-on to ASC-allowable surgical procedure codes for keratoplasty. ASCs must submit an electronic or paper copy of the eye bank invoice along with the claims form. Please be aware that there are many MACs with policies in place that specifically require billing V2785 for claims reporting of corneal tissue.
3. Please be aware that **additional facility information** may be required by Medicaid or Private Payers.
4. For commercial payers, CorneaGen suggests Prior Authorization of benefits for any new facility or first-time insurer/payer to identify any reimbursement concerns prior to procedure.

   To perform a **PA**, several pieces of provider/practice/facility information are required such as copies of patient's insurance card (front and back).

   Also, most if not all commercial payers have their own Pre-Authorization letter that is required to be completed by the customer for Pre-Authorization. CorneaGen recommends reaching out to the individual payer to request their specific Pre-Authorization letter.
5. We offer a proactive claim review in advance of the claim being submitted to the payer to ensure all required data is completed and included in the fields/ form locators, filled out properly / correctly on both / either the 1450 (HOPD) and / or the 1500 (ASC).

If you are experiencing any reimbursement issues or payer gaps, please reach out directly to CorneaGen at **SPS@CorneaGen.com** for a prompt follow up.

A simple questionnaire will be provided to collect additional information to expedite reimbursement consultation and support.

Exceptions

Some regional commercial insurance providers outsource bill processing of corneal tissue to a 3rd party health plan administrator. Those administrators may require different coding than V2785. A list of commercial insurance companies known to use a 3rd party administrator is below. For those listed in the regions below, it is encouraged to review your insurance contract for billing procedures or contact CorneaGen at **Contracts@CorneaGen.com** so we can help you connect with the appropriate personnel at the Administrator's office.

Aetna - Nationwide

Anthem - CA, NV, GA, OH, NH, CT, IN

BCBS - FL, NC

CBC - PA

Renegotiating Commercial Payer Contracts

Have you considered renegotiating your commercial payer contract to improve payment for tissue?

If you are interested in renegotiating your contract, we make the following recommendations:

- Start the process with the insurance provider 90-120 days minimum before contract end date
- For a smaller surgery center, focus on the 10-15 CPT codes with the highest revenue impact for the organization within the negotiation to get the biggest impact. Consider future business strategy within the scoping in case the insurance company does not allow for annual renegotiations.
- Make sure to highlight higher cost cases (like implants) within the scope of the contract negotiation.
- Consider working with the CorneaGen consultant NMD or your own 3rd party consultant for their perspective on the agreement language.
- Carefully consider bundling language – insurance companies are bundling payments for surgery with tissue costs more lately. Make sure that this does not diminish the final payment to the ASC.
- Benchmarking using 3rd party services to see how rates compare to market standard and regional payers.

You can also submit your contract to CorneaGen at **Contracts@CorneaGen.com** for a free comprehensive review and analysis.

Billing Codes

Keratoplasty surgical codes that should include V2785	CPT
Penetrating Keratoplasty (PK) in Aphakia	65730
PK Phakic	65750
PK Pseudophakic	65755
Anterior Lamellar Keratoplasty (ALK)	65710
Endothelial Keratoplasty (EK)	65756
Keratoprosthesis	65770

Backbench Preparation

Tissue pre-cut by the eye bank includes the cost of preparation in the invoice charges. Tissue preparation done by the surgeon should be reported with surgical CPT code 65757. Please note that CPT code 65757 is a (+) add on code and should be listed separately in addition to the primary CPT code for the transplant surgery.

Frequently Asked Questions Regarding Billing

- **Why didn't I get reimbursed for the corneal tissue?**

  If you used V2785 for the corneal tissue and didn't get reimbursed, contact your local Surgical Product Specialist for additional support.

- **Based off prior benefits authorization the corneal tissue either is partially covered or isn't covered at all, what do I do?**

  Contact your Surgical Product Specialist immediately prior to performing the transplant. Additional resources may be available to assist in this situation.

- **This primer doesn't address my specific problem. What do I do?**

  If this primer doesn't address your specific reimbursement problem, please reach out directly to CorneaGen at SPS@CorneaGen.com for a prompt follow up.

Disclaimer:
All customers should be aware that coverage and reimbursement can change and private payer policies can be different from Medicare depending on a provider's contract. Contact payers directly for reimbursement information and instructions.

Additional Resources

Hospital Outpatient Prospective Payment System
www.CorneaGen.com/Hospital-Outpatient-Prospective

Ambulatory Surgical Center Fee Schedule
www.CorneaGen.com/Ambulatory-Surgical-Center

The Medicare Claims Processing Manual
www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c14.pdf

The Medicare Payment Systems
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/html/medicare-payment-systems.html

Medicare Appeal Sample Letters

Medicare HOPDs (Hospital Outpatient Departments) Appeal Letter
www.CorneaCen.com/Medicare-HOPD

Medicare ASCs (Ambulatory Surgical Centers) Appeal Letter
www.CorneaCen.com/Medicare-ASC

To address a claim denial, CorneaGen recommends the inclusion of the following documentation with an appeal letter:

1. A summary of the patient's medical history and the necessity of corneal transplant.
2. Copies of the denial letter and any prior authorization (if applicable).
3. Relevant peer-reviewed articles supporting the necessity and clinical benefit of corneal transplantation.
4. Copies of CMS manual pages highlighting separate payment policy for V2785.

Commercial Payer Appeal Sample Letter

Commercial Payers Appeal Letter
www.CorneaCen.com/Commercial-Payers

While Medicare guidelines provide specific instructions for reimbursement, commercial payers may follow their own payment methodologies as outlined in contractual agreements. To address a claim denial, CorneaGen recommends the inclusion of the following documentation with an appeal letter

1. A summary of the patient's medical history and the necessity of corneal transplant.
2. Copies of the denial letter and any prior authorization (if applicable).
3. Relevant peer-reviewed articles supporting the necessity and clinical benefit of corneal transplantation.