

Medicare HOPDs Appeals Letter for V2785 Acquisition of Corneal Tissue

On Practice Letterhead

Provider Name (Physician and/or Facility)

Address

Medicare Plan Provider Number: [Insert Number]

Re: Patient [Name of Patient]

Date of Service: [Insert Date]

Type of Service/Surgery: [Insert Type]

Claim Number: [Insert Claim Number]

Dear Medical Director,

On behalf of my patient, I am requesting reconsideration of the denied claim for corneal tissue. The stated reason for denial was [insert denial reason]. Below is documentation that supports the use of corneal tissue as reasonable and necessary for my patient. Enclosed are copies of the denial letter, the original claim, emittance notice (Medical Explanation of Benefits) and a summary of patient history and additional pertinent articles.

This denial is improper for the following reasons:

1. Effective **January 1, 2008**, CMS implemented a coverage policy to pay separately for the acquisition of corneal tissue. The HCPCS code assigned to this service is **V2785 – Processing, preserving, and transporting corneal tissue**.
1. According to Medicare Claims Processing Manual guidelines for HOPDs:
Section 200.1 – Billing for Corneal Tissue (Rev. 3425; Issued: 12-18-15; Effective: 01-01-16; Implementation: 01-04-16).

I respectfully request reconsideration of this claim and payment in accordance with CMS's policies and guidelines. Please notify me in writing once this claim has been reviewed and approved for separate payment of **V2785**.

Sincerely,

[Physician Name]

[Title]

****Enclosures:** Supporting documentation as outlined above, including the Explanation of Benefits (EOB).