**[On Hospital/ASC Letterhead]**

[Today’s Date]

**Pre-Authorization Department**

[Insurance Provider]

[Address]

[City, State, ZIP Code]

**Subject: Pre-Authorization Request – CTAK (Corneal Tissue Addition Keratoplasty) & Coverage of Donor Corneal Tissue**

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| Insured/Plan Member:  |
| Health Insurer Identification Number:  |
| Group Number:  |
| Patient Name & MRN (if applicable):  |
| Requested Date of Surgery:  |
| CPT Code(s): 65710 (Anterior Lamellar Keratoplasty) |
| HCPCS Code: V2785 (Processing, preserving, and transporting corneal tissue) |

Dear Pre-Authorization Analyst,

I am submitting this request for **pre-authorization of Corneal Tissue Addition Keratoplasty (CTAK) and associated donor corneal tissue (HCPCS V2785) for my patient, [Patient Name]**, who has been diagnosed with **[diagnosed condition, e.g., progressive keratoconus]**. This procedure is **medically necessary to stabilize the corneal structure, prevent disease progression, and significantly improve visual acuity**, as non-surgical interventions have failed to provide adequate improvement.

CTAK is a **biomechanically supportive, vision-restoring procedure** that utilizes **gamma-irradiated donor corneal tissue to strengthen and reshape the cornea**. Compared to **full-thickness corneal transplantation (PK), CTAK is a minimally invasive, targeted approach** that **reinforces corneal structure without the need for removing healthy corneal tissue**.

This request includes **coverage for donor corneal tissue (HCPCS V2785)**, which is **required for the procedure and is separately procured from an FDA- and EBAA-accredited eye bank**.

**Medical Necessity of CTAK & Donor Corneal Tissue (V2785)**

**[Patient Name]** is a **[age]-year-old [gender]** with a diagnosis of **[condition, e.g., progressive keratoconus]**, which has resulted in **progressive corneal thinning, irregular astigmatism, and significant visual impairment**.

Prior to this request, the patient underwent multiple **non-surgical interventions**, including **[list previous treatments, e.g., rigid gas-permeable lenses, corneal cross-linking]**, but **these failed to halt disease progression or restore visual function**. Given the **continued deterioration of corneal integrity and worsening functional impairment**, **CTAK is the only viable treatment option** for **long-term corneal stabilization and visual rehabilitation**.

This procedure aligns with the **CAIRS (Corneal Allogenic Intrastromal Ring Segments) methodology**, which has been shown to provide **superior structural support and improved visual outcomes compared to synthetic implants**. CTAK is **endorsed by leading corneal specialists** as a **less invasive alternative to full-thickness transplantation for treating keratoconus and other corneal ectatic disorders**.

**Biocompatibility of Donor Tissue in CTAK**

A key advantage of CTAK is the use of **gamma-irradiated donor corneal tissue**, which offers superior **biocompatibility and structural integration** compared to synthetic alternatives. According to research from the **Vision Institute**:

* **Reduced Immunologic Rejection** – Gamma-irradiated donor tissue **minimizes the risk of immune rejection**, enhancing long-term graft stability.
* **Preserved Structural Integrity** – The donor tissue maintains **biomechanical properties critical for corneal reshaping and reinforcement**.
* **Optimized Safety Profile** – The sterilization process **ensures the tissue is pathogen-free, reducing infection risk and improving procedural outcomes**.

These factors make **donor corneal tissue indispensable for CTAK**, underscoring the necessity of **HCPCS V2785 reimbursement** for its procurement.

**Cost Considerations & Long-Term Financial Benefits**

CTAK is not only **medically necessary** but also **cost-effective** in both the short and long term.

* **Avoiding Full-Thickness Corneal Transplants (PK, CPT 65730):** Without CTAK, **patients with progressive keratoconus may require PK, which has higher risks, longer recovery, and increased healthcare costs**.
* **Lower Postoperative Complications:** CTAK has been shown to **reduce surgical risks and improve healing times**, leading to **fewer follow-up visits and additional interventions**.
* **Reducing Dependence on Assistive Care:** Without intervention, patients may experience **irreversible vision loss**, increasing reliance on **vision-related disability services and assistive devices**.

By approving **CTAK and the associated reimbursement for donor corneal tissue (HCPCS V2785)**, **[Insurance Provider]** ensures **optimal patient outcomes while reducing long-term healthcare expenditures**.

**Supporting Clinical Evidence for CTAK**

CTAK is a **widely studied, clinically validated procedure**, supported by extensive research:

1. **Journal of Cataract and Refractive Surgery (2022)**: Found that CTAK significantly improves visual acuity and corneal curvature in patients with progressive keratoconus.
2. **American Academy of Ophthalmology (AAO) Guidelines**: Recognizes anterior lamellar keratoplasty, including CTAK, as a standard treatment for keratoconus and corneal thinning disorders.
3. **Clinical Study on CAIRS (2023)**: Demonstrated that CTAK and other CAIRS-based procedures reduce the need for full-thickness corneal transplants by stabilizing corneal structure and improving visual outcomes.
4. **Vision Institute Research**: Highlighted the superior biocompatibility and safety of gamma-irradiated donor corneal tissue used in CTAK, leading to higher patient satisfaction and fewer complications.
5. **Eye Bank Association of America (EBAA) Annual Report (2023)**: Confirms that donor corneal tissue remains essential for lamellar keratoplasty procedures, supporting established reimbursement practices for HCPCS V2785.

**Request for Pre-Authorization Approval**

As CTAK is a **medically necessary, evidence-based procedure**, I respectfully request **pre-authorization approval for:**

* **CPT 65710 –** Anterior Lamellar Keratoplasty (CTAK)
* **HCPCS V2785 –** Donor Corneal Tissue (Processing, Preserving, and Transporting Corneal Tissue)

I have enclosed the patient’s medical records, diagnostic reports and peer-reviewed literature supporting **CTAK’s efficacy.**

I urge **[Insurance Provider]** to **promptly review and approve this pre-authorization request** to ensure **timely intervention and prevent further vision loss for the patient**. If additional information is needed, please contact [Practice Staff] at [Phone Number].

Thank you for your time and consideration. I look forward to your expedited approval.

**Sincerely,**

**[Physician Name]**
[Title]
[Practice Name]

**[Include medical record copies and peer reviewed literature in letter]**