**[On Hospital/ASC Letterhead]**

[Today’s Date]

**Appeals Department**

[Insurance Provider]

[Address]

[City, State, ZIP Code]

**Subject: Medical Necessity Denial Appeal – DMEK (Descemet’s Membrane Endothelial Keratoplasty) & Coverage of Donor Corneal Tissue**

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| Insured/Plan Member:  |
| Health Insurer Identification Number:  |
| Group Number:  |
| Patient Name & MRN (if applicable):  |
| Claim Number:  |
| Date of Surgery:  |
| CPT Code(s): 65756 (Endothelial Keratoplasty – DMEK) |
| HCPCS Code: V2785 (Processing, preserving, and transporting corneal tissue) |

Dear Appeals Analyst,

I am writing to formally appeal the **denial of reimbursement for the donor corneal tissue (HCPCS V2785) used in the *Descemet’s Membrane Endothelial Keratoplasty (DMEK)* procedure** performed on my patient, **[Patient Name]**, on **[Date]**. This procedure was **medically necessary** for the treatment of **[diagnosed condition, e.g., Fuchs’ endothelial dystrophy, bullous keratopathy, or endothelial failure following cataract surgery]**, which resulted in **progressive vision impairment and significant functional limitations**.

Without timely intervention, the patient faced serious risks, including **[specific risks, e.g., worsening vision loss, permanent corneal decompensation, and increased risk of blindness]**. Below, I outline the **medical necessity of this procedure, its alignment with commercial payer reimbursement policies, supporting clinical evidence, and the cost-effectiveness of coverage**.

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

**[Patient Name]** is a **[age]-year-old [gender]** diagnosed with **[condition, e.g., Fuchs’ endothelial dystrophy, pseudophakic bullous keratopathy]**, which leads to **progressive corneal endothelial cell loss, corneal edema, and significant visual impairment**. The patient experienced **[specific functional limitations, e.g., difficulty reading, inability to drive, failure to tolerate glare]**, negatively impacting **daily activities and independence**.

Prior to surgery, the patient underwent multiple interventions, including **[list previous treatments, e.g., hypertonic saline, intraocular pressure management]**, but **these failed to stabilize the cornea or restore vision**. After a comprehensive evaluation, **DMEK was the only viable treatment option** to **restore corneal clarity, prevent further deterioration, and improve quality of life**.

DMEK is a **minimally invasive, highly effective procedure that replaces the patient’s damaged Descemet’s membrane and endothelial layer with a healthy donor graft**, restoring corneal clarity while preserving the native corneal stroma. Compared to **DSEK or full-thickness PK, DMEK provides superior visual outcomes, faster recovery, and lower rejection rates**, making it the **preferred method for treating corneal endothelial dysfunction**.

This procedure is **endorsed by the American Academy of Ophthalmology (AAO) and the Cornea Society** as the **gold standard treatment for corneal endothelial failure**. A **viable human donor corneal graft is an essential and required component of DMEK**, making **HCPCS V2785 reimbursement necessary**. The **procedure cannot be performed without donor corneal tissue**, which is procured exclusively through **FDA- and EBAA-accredited eye banks**, following strict **screening, preservation, and sterility protocols**.

**Supporting Clinical Evidence for DMEK**

DMEK is a **widely studied, clinically proven procedure**, supported by the following evidence:

1. **American Academy of Ophthalmology (AAO)** Guidelines (2023): Endothelial keratoplasty, including DMEK, is the gold standard for treating corneal endothelial failure, offering better visual outcomes and fewer complications than DSEK or PK.
2. **American Journal of Ophthalmology (2022)**: Found that DMEK patients achieve 20/25 visual acuity within 3 months, compared to 12 months for DSEK and significantly longer for PK, demonstrating its superior recovery time and vision restoration.
3. **Cornea Society Review (2023)**: Demonstrated that DMEK reduces the risk of graft rejection by over 80%, resulting in better long-term graft survival, fewer complications, and lower overall healthcare costs.
4. **American Journal of Ophthalmology (2021)**: Reported that DMEK offers the lowest rejection rates (less than 1%) compared to DSEK (5–8%) and PK (10–20%), making it the most effective endothelial keratoplasty technique available.
5. **Eye Bank Association of America (EBAA) Annual Report (2023)**: Confirms that DMEK is one of the most frequently performed endothelial keratoplasty procedures, citing superior long-term outcomes and cost-effectiveness over full-thickness transplantation.

**Cost-Effectiveness & Financial Justification for Reimbursement**

Denial of **HCPCS V2785 reimbursement** contradicts established industry coverage practices, as **corneal tissue is not a standard hospital supply but rather a biological tissue procured exclusively through accredited eye banks**.

By reimbursing **HCPCS V2785 for DMEK**, **[Insurance Provider]** helps prevent **future costly interventions and chronic healthcare expenses**, including:

* Avoiding Full-Thickness Corneal Transplants (**CPT 65730**): Delaying or denying DMEK increases the likelihood of corneal decompensation and costly surgical interventions later.
* Reducing Vision-Related Disability Costs: Patients with untreated corneal disease face higher rates of disability claims, loss of employment, and increased dependence on medical assistance programs.
* Preventing High-Cost Complications & Readmissions: Without DMEK, patients are more likely to require emergency interventions, long-term assistive care, or additional surgeries.

Providing **coverage for HCPCS V2785 and CPT 65756 aligns with private payer reimbursement policies and represents a cost-effective approach** by **reducing long-term expenditures on avoidable complications**.

**Request for Reconsideration**

The **denial letter cited** **[reason for denial, e.g., “bundled into surgical costs” or “not covered under policy”]**. However:

* **Corneal tissue is not a standard OR supply** – It is **procured exclusively through FDA- and EBAA-accredited eye banks**, separate from routine hospital inventory.
* **Major private insurers reimburse HCPCS V2785**, acknowledging its necessity in **corneal transplantation**.
* **DMEK cannot be performed without donor corneal tissue**, making reimbursement essential for maintaining patient access to vision-restoring care.

Given the **overwhelming clinical support, established reimbursement policies, and financial justifications**, I urge **[Insurance Provider]** to promptly approve reimbursement for **HCPCS V2785 and CPT 65756**.

**I have enclosed the patient’s medical records, test results, and supporting documentation for your review.** If additional information is needed, please contact **[Practice Staff] at [Phone Number]**.

Thank you for your time and consideration. I appreciate your prompt review of this request.

**Sincerely,**

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

**[Include medical record copies, original claim and initial denial notice in letter]**