**[On Hospital/ASC Letterhead]**

[Today’s Date]

**Appeals Department**

[Medicare Contractor Name]

[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: |
| Medicare ID 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 *Descemet’s Stripping Automated Endothelial Keratoplasty (DSAEK)* procedure**, performed on my patient, **[Patient Name]**, on **[Date]**. This procedure, classified under **CPT Code 65756 (Endothelial Keratoplasty)**, was **medically necessary** for the treatment of **corneal endothelial dysfunction, such as Fuchs’ endothelial dystrophy, pseudophakic bullous keratopathy, or other endothelial failure conditions**, which result in **progressive corneal edema, impaired vision, and significant functional limitations**.

Without timely intervention, the patient faced serious risks, including **[specific risks, e.g., worsening vision loss, complete corneal decompensation, and the need for full-thickness corneal transplantation]**. Below, I outline the **medical necessity of this procedure, its alignment with Medicare reimbursement policies, supporting clinical evidence, and the cost-effectiveness of coverage**.

**Medicare Guidelines Supporting Reimbursement for Corneal Tissue (HCPCS V2785)**

Medicare **explicitly allows separate reimbursement** for **corneal tissue acquisition**, under the **Medicare Claims Processing Manual, Chapter 14, Section 40.1**:

*"Under the revised ASC payment system effective January 1, 2008, Medicare makes separate payment to ASCs for corneal tissue acquisition (which is billed using V2785). Contractors pay for corneal tissue acquisition based on acquisition cost or invoice."*  
([CMS.gov](https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c14.pdf?utm_source=chatgpt.com))

This guideline confirms that **HCPCS Code V2785 must be reimbursed separately** from the surgical procedure itself. The **donor corneal tissue used in DSAEK** was **procured from an accredited eye bank, following FDA and CMS regulations for screening, preservation, and sterility**.

**Patient History & Medical Necessity of DMEK**

**[Patient Name]** is a **[age]**-year-old **[gender]** diagnosed with **[condition, e.g., Fuchs' endothelial dystrophy, pseudophakic bullous keratopathy]**, a disease that leads to progressive corneal endothelial cell loss, corneal edema, and significant visual impairment. This condition caused **[specific impacts, e.g., inability to drive, difficulty reading, failure to tolerate glare]**, negatively affecting their daily activities, mobility, and independence.

Prior to surgery, **[Patient Name]** underwent multiple interventions, including [list previous treatments, e.g., hypertonic saline, intraocular pressure management, or endothelial keratoplasty attempts], which failed to halt disease progression or restore visual function. After comprehensive evaluation, it was determined that DMEK was the only viable treatment option to restore corneal clarity, prevent worsening visual function, and improve quality of life.

DMEK is endorsed by the American Academy of Ophthalmology (AAO) and the Cornea Society as the gold standard treatment for corneal endothelial failure, offering better visual outcomes, lower rejection rates, and fewer complications than alternative procedures such as PK or DSAEK.

**Cost-Effectiveness & Reimbursement Justification**

The **denial of CPT Code 65756** for DSAEK, along with **HCPCS V2785** reimbursement, fails to consider its **cost-saving potential**:

* By preventing the need for full-thickness corneal transplants (**CPT 65730**), DSAEK significantly reduces the risk of postoperative complications, extended recovery periods, and costly secondary interventions, ultimately lowering long-term Medicare expenditures.
* DSAEK has faster healing times, lower rejection rates, and better long-term stability compared to PK, reducing follow-up care costs.
* CMS already recognizes separate payment for corneal tissue acquisition under **HCPCS V2785**, ensuring continued patient access to sight-restoring corneal transplantation.

**Request for Reconsideration**

Given the **medical necessity, robust clinical evidence, and Medicare’s established reimbursement guidelines for corneal tissue (HCPCS V2785)**, I respectfully request that **Medicare reverse the denial and approve reimbursement for CPT 65756 (DSAEK)**.

I have enclosed **medical records, test results, and supporting documentation** for your review. Should additional information be required, 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]**