**[On Hospital/ASC Letterhead]**

[Today’s Date]

**Pre-Authorization Department**

[Insurance Provider]

[Address]

[City, State, ZIP Code]

**Subject: Pre-Authorization Request – 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): |
| Requested Date of Surgery: |
| CPT Code(s): 65756 (Endothelial Keratoplasty – DMEK) |
| HCPCS Code: V2785 (Processing, preserving, and transporting corneal tissue) |

Dear Pre-Authorization Analyst,

I am submitting this request for **pre-authorization of *Descemet’s Membrane Endothelial Keratoplasty (DMEK*) and associated donor corneal tissue (HCPCS V2785) for my patient, [Patient Name]**, who has been diagnosed with **[diagnosed condition, e.g., Fuchs’ endothelial dystrophy, bullous keratopathy, or endothelial failure following cataract surgery]**. This procedure is **medically necessary to restore corneal function, prevent disease progression, and significantly improve visual acuity**, as non-surgical interventions have failed to provide adequate improvement.

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 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 DMEK & Donor Corneal Tissue (V2785)**

**[Patient Name]** is a **[age]-year-old [gender]** with a diagnosis of **[condition, e.g., Fuchs’ endothelial dystrophy, pseudophakic bullous keratopathy]**, which has resulted in **progressive corneal endothelial cell loss, corneal edema, and significant vision impairment**.

Prior to this request, the patient underwent multiple **non-surgical interventions**, including **[list previous treatments, e.g., hypertonic saline, intraocular pressure management]**, but **these failed to halt disease progression or restore visual function**. Given the **continued deterioration of corneal clarity and worsening functional impairment**, **DMEK is the only viable treatment option** for **long-term corneal rehabilitation and visual improvement**.

This procedure is endorsed by the American Academy of Ophthalmology (AAO) and the Cornea Society as the gold standard treatment for corneal endothelial failure. Unlike alternative procedures such as DSEK or PK, DMEK achieves better visual outcomes, reduces rejection rates, and preserves the natural corneal structure, leading to lower long-term healthcare costs.

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

**DMEK is not only the clinically superior treatment for corneal endothelial dysfunction, but it is also cost-effective in both the short- and long-term.**

* Avoiding More Invasive Procedures – DMEK is a less invasive alternative to full-thickness corneal transplants (PK, CPT 65730), which have higher complication rates, longer recovery times, and greater long-term healthcare costs.
* Lower Postoperative Complications – Studies show that DMEK results in fewer complications, lower rejection rates, and faster recovery, reducing the need for additional medical interventions, follow-up visits, and prolonged corticosteroid use.
* Minimizing Vision-Related Disability Costs – Untreated corneal dysfunction can lead to progressive vision loss, which increases the likelihood of disability claims, loss of employment, and dependence on assistive services.

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

**Supporting Clinical Evidence for DMEK**

DMEK is a **widely studied, clinically proven procedure**, supported by extensive research:

1. **American Academy of Ophthalmology (AAO) Guidelines (2023)**: Endorses DMEK as the preferred treatment for corneal endothelial dysfunction, offering superior outcomes compared to DSEK and 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 and fewer postoperative complications.
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.

**Request for Pre-Authorization Approval**

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

* **CPT 65756 –** Descemet’s Membrane Endothelial Keratoplasty (DMEK)
* **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 **DMEK’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]**