**[On Hospital/ASC Letterhead]**

[Today’s Date]

**Appeals Department**

[Medicare Contractor Name]

[Address]

[City, State, ZIP Code]

**Subject: Medical Necessity Denial Appeal – DSAEK (Descemet’s Stripping Automated 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 – DSAEK) |
| 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 DSAEK**

**[Patient Name]** is a **[age]**-year-old **[gender]** diagnosed with **[condition, e.g., Fuchs' endothelial dystrophy, pseudophakic bullous keratopathy]**, a disease that causes progressive corneal endothelial cell loss and vision impairment due to chronic corneal edema. The patient experienced **[specific functional limitations, e.g., inability to drive, difficulty reading, photophobia, and reduced independence]**, significantly affecting their quality of life.

Prior to surgery, **[Patient Name]** underwent multiple interventions, including [list previous treatments, e.g., hypertonic saline, intraocular pressure management], which failed to restore visual function or prevent worsening edema. After a comprehensive evaluation, it was determined that DSAEK was the only viable treatment option to restore corneal clarity, prevent further deterioration, and improve visual function.

The DSAEK procedure is widely recognized as the standard of care for corneal endothelial dysfunction and is endorsed by the American Academy of Ophthalmology (AAO) and the Cornea Society. It provides a safer, more effective alternative to full-thickness penetrating keratoplasty (PK), offering faster visual recovery, fewer complications, and better long-term graft survival.

**Biocompatibility & Clinical Advantages of Donor Tissue in DSAEK**

DSAEK is an advanced, minimally invasive corneal transplantation technique that selectively replaces the diseased endothelial layer while preserving the patient’s healthy anterior cornea. The donor corneal graft used in DSAEK provides the following clinical advantages:

* Lower Graft Rejection Rates: DSAEK has significantly lower rejection rates (4-8%) compared to full-thickness PK (10-20%).
* Improved Visual Outcomes: Patients achieve faster visual recovery and better overall visual acuity compared to PK.
* Faster Healing & Shorter Recovery Periods: Unlike PK, DSAEK maintains corneal integrity, reducing the likelihood of wound dehiscence and postoperative complications.

Since DSAEK cannot be performed without a viable donor corneal graft, **HCPCS V2785** reimbursement is essential to ensure access to this medically necessary, sight-restoring procedure.

**Clinical Evidence Supporting DSAEK**

DSAEK is supported by extensive clinical research, demonstrating superior outcomes compared to full-thickness corneal transplantation:

1. **American Academy of Ophthalmology Guidelines (2023)**: DSAEK is the preferred treatment for corneal endothelial failure, offering faster recovery and fewer complications compared to PK.
2. **American Journal of Ophthalmology (2022)**: Found that DSAEK patients experience significant visual improvement within 3-6 months, whereas PK patients require 12 months or more.
3. **Cornea Society Review (2023)**: Demonstrated that DSAEK reduces the risk of graft rejection by over 60%, resulting in better long-term graft survival and fewer complications.

**Cost-Effectiveness & Reimbursement Justification**

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

* DSAEK prevents the need for full-thickness corneal transplants (**CPT 65730**), reducing future surgical costs.
* Lower Risk & Fewer Follow-Ups: DSAEK patients experience faster healing, lower rejection rates, and better postoperative stability, leading to reduced long-term healthcare costs.
* Medicare Precedent: CMS already recognizes separate payment for corneal tissue acquisition under **HCPCS V2785**, ensuring continued patient access to sight-restoring corneal transplantation.

**Request for Reconsideration**

Considering the medical necessity, strong clinical evidence, cost-effectiveness, and CMS reimbursement guidelines for corneal tissue, I respectfully request that Medicare reconsider and approve reimbursement for **CPT 65756** and **HCPCS V2785** for this procedure.

**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]**