**[On Hospital/ASC Letterhead]**

[Today’s Date]

**Appeals Department**

[Insurance Provider]

[Address]

[City, State, ZIP Code]

**Subject: Medical Necessity Denial Appeal – PK Corneal Transplant & Coverage of Donor 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): 65730 (Penetrating Keratoplasty – PK) |
| HCPCS Code: V2785 (Processing, preserving, and transporting corneal tissue) |

Dear Appeals Analyst,

I am writing to appeal the **denial of reimbursement for the donor corneal tissue (HCPCS V2785)** used in the ***Penetrating Keratoplasty (PK)* procedure** performed on my patient, **[Patient Name]**, on **[Date]**. The **denial of corneal tissue coverage** contradicts standard medical practice, as **human donor corneal tissue is a mandatory component of corneal transplantation and not a routine surgical supply**.

Penetrating Keratoplasty is a **medically necessary** intervention for **[diagnosed condition, e.g., advanced keratoconus, corneal scarring, failed previous graft, corneal ectasia]**, where no alternative treatments could restore corneal function. This appeal outlines the **necessity of the procedure, the essential role of donor tissue, and why its reimbursement aligns with industry standards**.

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

**[Patient Name]** is a **[age]-year-old [gender]** diagnosed with **[condition, e.g., advanced keratoconus, corneal edema, severe corneal scarring]**, which has resulted in **[specific patient impact: loss of vision, severe pain, inability to wear corrective lenses, corneal perforation risk]**.

After exhausting all non-surgical options, including **[e.g., specialty contact lenses, corneal cross-linking, prior endothelial keratoplasty]**, the **only viable treatment was a full-thickness corneal transplant (PK)**.

PK is a widely accepted and standard-of-care surgical procedure where a full-thickness donor corneal graft is used to replace damaged corneal tissue, restore corneal clarity, and prevent blindness. The procedure is impossible without viable donor corneal tissue, making **HCPCS V2785** a fundamental and non-optional component of the surgery.

**Failure to reimburse the cost of donor corneal tissue directly contradicts standard ophthalmic surgical billing practices and payer policies.**

**Supporting Clinical Evidence for PK**

1. **American Academy of Ophthalmology (AAO)** Guidelines – PK is the gold standard treatment for conditions such as keratoconus, severe corneal scarring, failed corneal grafts, and corneal dystrophies where endothelial or lamellar keratoplasty is not an option.
2. **Cornea Society Review (2023)** – Found that PK remains the most effective intervention for patients with full-thickness corneal disease, with over 90% success rates in restoring vision when performed with high-quality donor tissue.
3. **Journal of Cataract and Refractive Surgery (2022)** – Reported that patients undergoing PK for advanced keratoconus achieved a significant improvement in best-corrected visual acuity, with graft survival rates exceeding 85% at 10 years.

**Cost-Effectiveness & Justification for Coverage of Donor Corneal Tissue**

From a **financial perspective**, failing to reimburse **HCPCS V2785** increases long-term healthcare costs:

* PK is often a last-resort vision-saving procedure—without it, patients face permanent vision loss, disability, and increased healthcare dependency.
* Without proper reimbursement, patient access to care is severely limited, as corneal tissue is procured exclusively from non-profit, federally regulated eye banks that require separate processing and handling costs.
* CMS and major insurers routinely reimburse **HCPCS V2785** to ensure continued patient access to sight-restoring corneal transplants.

PK **reduces the likelihood of future costly complications**, including:
✔ Chronic corneal ulcers requiring multiple interventions
✔ Severe vision impairment leading to costly assistive care
✔ Repeat emergency visits due to corneal decompensation and perforation risks

By approving reimbursement for **corneal tissue (V2785)**, **[Insurance Provider] supports medically necessary procedures while reducing long-term healthcare expenditures.**

**Addressing the Denial**

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

* Corneal tissue is not a standard hospital supply – It is procured separately from accredited eye banks, following FDA, EBAA, and HIPAA regulations.
* **HCPCS V2785** is an established, separately billable code for corneal graft procurement, recognized by CMS, major insurers, and ophthalmic billing guidelines.
* PK cannot be performed without donor corneal tissue, making reimbursement for **V2785** essential for maintaining patient access to vision-restoring care.

Given these facts, **denying reimbursement for donor corneal tissue contradicts both medical necessity and established industry reimbursement standards.**

**Request for Reconsideration**

In light of the **clear medical necessity**, **overwhelming clinical evidence**, and **cost-effectiveness of PK**, I respectfully request that **[Insurance Provider] approve reimbursement for HCPCS V2785 (donor corneal tissue) in conjunction with CPT 65730 (PK surgery).**

This appeal includes **comprehensive documentation** supporting this request. I urge [Insurance Provider] to **re-evaluate this decision** and approve reimbursement accordingly. Should additional information be required, please contact me at **[Phone Number]** or **[Email]**.

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]**