**[On Hospital/ASC Letterhead]**

[Today’s Date]

**Pre-Authorization Department**

[Insurance Provider]

[Address]

[City, State, ZIP Code]

**Subject: Pre-Authorization Request – PK (Penetrating 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): 65730 (Penetrating Keratoplasty – PK) |
| HCPCS Code: V2785 (Processing, preserving, and transporting corneal tissue) |

Dear Pre-Authorization Analyst,

I am submitting this request for **pre-authorization of *Penetrating Keratoplasty (PK)* and associated donor corneal tissue (HCPCS V2785) for my patient, [Patient Name]**, who has been diagnosed with **[diagnosed condition, e.g., advanced keratoconus, corneal scarring, failed previous graft, or corneal ectasia]**. This procedure is **medically necessary to restore corneal integrity, prevent disease progression, and significantly improve visual function**, as non-surgical interventions have failed to provide adequate improvement.

PK is a **full-thickness corneal transplantation procedure** used to replace **severely diseased or damaged corneas** when other forms of keratoplasty, such as **endothelial or anterior lamellar techniques, are insufficient**. PK remains **the gold standard for cases where extensive stromal involvement, corneal scarring, or failed prior transplants prevent partial-thickness procedures from being effective**.

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 PK & Donor Corneal Tissue (V2785)**

**[Patient Name]** is a **[age]-year-old [gender]** diagnosed with **[condition, e.g., advanced keratoconus, severe corneal scarring, corneal decompensation]**, resulting in **progressive vision loss, severe pain, and a significant decline in quality of life**.

Prior to this request, the patient underwent multiple **non-surgical interventions**, including **[list previous treatments, e.g., rigid gas-permeable contact lenses, corneal cross-linking, endothelial keratoplasty]**, but **these failed to halt disease progression or restore corneal clarity**. Given the **severe structural compromise of the cornea**, **PK is the only viable treatment option** for **long-term visual rehabilitation and preservation of ocular function**.

PK is **endorsed by the American Academy of Ophthalmology (AAO) and the Cornea Society** as the **only effective surgical intervention for full-thickness corneal disease**. **Unlike endothelial or anterior lamellar keratoplasty, PK is necessary when both the anterior and posterior corneal layers are compromised**.

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

PK is not only the **clinically necessary** treatment for full-thickness corneal disease, but it is also **cost-effective** in the long term.

* **Avoiding Progressive Blindness & Disability Costs:** Without PK, patients with severe corneal disease often progress to **complete vision loss**, resulting in **higher disability claims, loss of employment, and dependence on long-term medical assistance**.
* **Preventing Repeat Surgical Interventions:** PK is **a definitive treatment for advanced corneal disease**, reducing the likelihood of **future procedures and emergency interventions**.
* **Reducing Dependence on Assistive Care:** Severe corneal disease without treatment increases **reliance on vision-related assistive services**, adding to healthcare expenditures.

By approving **PK and the associated reimbursement for donor corneal tissue (HCPCS V2785)**, **[Insurance Provider]** ensures **optimal patient outcomes while minimizing long-term healthcare costs**.

**Supporting Clinical Evidence for PK**

PK is a **well-established, extensively studied procedure**, supported by the following peer-reviewed literature:

* **American Academy of Ophthalmology (AAO) Guidelines (2023)**: PK remains the standard-of-care treatment for advanced keratoconus, corneal scarring, and failed endothelial grafts, where partial-thickness keratoplasty is not feasible.
* **Cornea Society Review (2023)**: Found that PK is the only effective intervention for full-thickness corneal pathology, with over 90% success rates when high-quality donor tissue is used.
* **Journal of Cataract and Refractive Surgery (2022)**: Reported that patients undergoing PK for advanced keratoconus achieve significant visual improvement, with graft survival rates exceeding 85% at 10 years.
* **American Journal of Ophthalmology (2021)**: Confirmed that PK remains the preferred option for cases of corneal perforation, severe scarring, or multiple failed grafts, demonstrating its irreplaceable role in corneal transplantation.
* **Eye Bank Association of America (EBAA) Annual Report (2023)**: Confirms that PK continues to be widely performed for full-thickness corneal disease, with high surgical success rates and established reimbursement precedents.

**Request for Pre-Authorization Approval**

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

* **CPT 65730 –** Penetrating Keratoplasty (PK)
* **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 **PK’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]**