Pre-Authorization Letter for V2785  
Acquisition of Corneal Tissue

***On Practice Letterhead***

\_\_\_\_\_\_\_\_\_, 2015

Name

Title

Insurance Company

# Address

City, State, Zip

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

I am writing to verify coverage and separate payment for HCPCS code *V2785 – processing, preserving, and transporting corneal tissue.* Since January 1, 2008, Medicare has explicitly in their claims processing manuals provided the following direction to both fee for service Medicare contractors and Medicare Advantage plans regarding coverage and separate payment for this service:

**For hospital outpatient departments, the policy that should be followed by your insurance company is:**

200.1 – Billing for Corneal Tissue

(rev. 1445, Issued: 02-08-08; Effective: 01-01-08; Implementation: 03-10-08)

Corneal tissue will be paid on a cost basis, not under OPPS. To receive cost based reimbursement hospitals must bill charges for corneal tissue using HCPCS code V2785.

**For ambulatory surgical centers (ASC), the policy that should be followed by your insurance company is:**

“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.”

I look forward to your response verifying coverage and separate payment for HCPCS code *V2785 – processing, preserving, and transporting corneal tissue.*

Sincerely,

Physician or Facility Director

Titles

Enclosures