Sample Appeals Letter for V2785  
Acquisition of Corneal Tissue

***On Practice Letterhead***

Provider Name (Physician and/or facility)   
Address   
Medicare/Private Insurance Plan Provider Number: \_\_\_\_\_\_\_\_\_\_\_\_ (not your UPIN)

Re: Patient (Name of Patient)

Date of Service

Type of Service/Surgery  
HCIN # 123456789

Dear Sirs:

I am requesting a TELEPHONE/WRITTEN review of Claim No. \_\_\_\_\_\_\_\_\_\_\_\_\_ for services rendered on (insert date of service) with respect to the payment for the corneal tissue in the amount of (insert original charge). Payment was denied. I have enclosed copies of the original claim and remittance notice (Medical Explanation of Benefits).

This is an improper denial for the following reasons:

* Effective January 1, 2008, the Centers for Medicare and Medicaid Services implemented a coverage policy to pay separately for the acquisition of corneal tissue, effective January 1, 2008. The HCPCS code that is assigned to the acquisition of corneal tissue is *V2785 – Processing, preserving, and transporting corneal tissue.*
* Medicare Advantage plans are mandated to follow Medicare’s benefits and coverage rules for services such as the acquisition of corneal tissue.
* There has been some confusion regarding separate payment for the acquisition of corneal tissue – V2785 due to ambulatory surgical centers (ASCs) needing to provide a paper claim with V2785 billed on the claim and an invoice with the acquisition costs attached and a hospital outpatient department needing to submit charges for corneal tissue using HCPCS code V2785 to receive cost-based reimbursement. But, this confusion on how to submit a claim for V2785 does not negate Medicare’s policy for separate payment of this code.

The policies that need to be followed by insurance companies are contained in the Medicare claims processing manuals. For the hospital outpatient departments it is section 200.1 – Billing for Corneal Tissue (Rev. 1445, Issued: 02-08-08; Effective: 01-01-08; Implementation: 03-10-08) and for ASCs it is section X.C. – Payment for Corneal Tissue in the HOPD and the ASC (CMS-1633-P).

Therefore, I look forward to having this/these claims reviewed and V2785 paid separately. Also, I would like to request notification in writing that V code 2785 is active in {name of carriers} system.

Sincerely,

# SIGNATURE of the Physician

ENCLOSURES: Copies of the pages of the CMS Claims Processing Manuals and the original claim and remittance notice.