



January 10, 20XX

ACC Health Plan  
Attn: Medical Review Office  
PO Box 12345  
Anytown, USA 11111

Patient Name:  
Insurance ID:  
Date of Birth:  
Facility: 123 Medical Center  
Date of Service: 11.17.20XX  
Total Charges:

Dear Medical Review Office:

The claim referenced above has been referred to Advent ABC Health Plan, and we are in receipt of your denial (attached) indicating services denied for no authorization.

Our review of said claims finds the services provided are documented and in accordance with care provided to the patient and support medical necessity guidelines.

#### CLINICAL SUMMARY

**Diagnosis Codes are:**

H17.9 Unspecified corneal scar and opacity  
H40.1X0 Unspecified open-angle glaucoma  
H18.50 Unspecified hereditary corneal dystrophies

**Procedure Codes are:**

V2785 Processing, preserving and transporting corneal tissue  
88305 Surgical Pathology (including frozen section) of cornea  
65756 Keratoplasty procedures on the cornea

An appeal is indicated based on evidence in clinical documentation in the medical record verifying the need for Eye Partial Keratoplasty of the left eye. The argument of medical necessity is supported by payer policy: Corneal Transplantation.

Patient is a male with bilateral cataracts and glaucoma with multiple eye surgeries. He had a history of congenital open angle glaucoma and cataracts with cataract extraction and cloudy left cornea. On exam, he had a measured corneal thickness of 601 microns in the right eye and 984 microns in the left eye. His cloudy left cornea appeared to be due to decompensated cornea.

On 11.14.XX, he had an endothelial keratoplasty, with stripping of Descemet membrane of the cornea for decompensated endothelium, causing corneal opacity of the left eye. As indicated in the procedure note, the left eye was aphakic with marked corneal haze with very little view of the anterior chamber, with corneal edema noted.

**Health plan policy supports corneal transplants as follows:**

[Redacted content]

Regards,

XXXXX  
RN, BSN, CM  
Phone: XXX.XXX.XXXX  
Email: XXXXX@adventHP.com

EXAMPLE