

TEMPLATE FOR INSURANCE APPEAL

(TODAY'S DATE – MAKE SURE YOU ARE WITHIN THE APPEAL TIME PERIOD)

(INSURANCE COMPANY ADDRESS & CONTACT INFO)

RE: Patient Name:
Date of Birth:
Subscriber #:
Group #:
Physician:
Date of Service:
Denied Treatment: Corneal Collagen Crosslinking (CPT 0402T)

To Whom It May Concern,

I am writing to appeal *(NAME OF INSURANCE COMPANY)*'s *(DATE)* decision letter denying coverage for my corneal collagen crosslinking (CXL). I believe the procedure was medically necessary to treat my condition and is a covered benefit under my policy.

(CONSIDER INCLUDING INFORMATION ABOUT HOW MANY YEARS YOU HAVE BEEN A PLAN MEMBER, OR THAT YOU ARE A MEMBER THROUGH YOUR EMPLOYER AND GIVE THE NAME, OR STATE THAT YOU ARE A DEPENDENT ON ANOTHER FAMILY MEMBER'S POLICY.)

After reviewing my appeal letter and the information I have attached, I am confident you will approve the service delivered to me by *(NAME OF DOCTOR)* on *(DATE OF SERVICE)*.

I am a *(AGE)* year old *(GENDER)*, who was diagnosed with *(GET THE ICD-10 DESCRIPTION FROM YOUR DOCTOR'S BILL OR MEDICAL RECORDS. IT SHOULD BEGIN WITH H18.6)* in/on *(EXACT OR APPROXIMATE DATE OF YOUR INITIAL DIAGNOSIS. BRIEFLY DESCRIBE THE CIRCUMSTANCES THAT LED TO YOUR DIAGNOSIS OF KERATOCONUS.)*

Keratoconus is an unpredictable degenerative eye condition that results in progressive thinning of the cornea and development of a cone-shaped bulge in the front of the eye. The consequence is reduced vision quality, visual acuity, and eye health. There is no cure for keratoconus.

CXL halts the progression of disease by strengthening and stabilizing the collagen lamellae in the cornea. The one-time treatment utilizes eye drops containing a riboflavin

solution (vitamin B) in conjunction with an ultraviolet light source. It is an office-based procedure that can be successfully performed at the earliest clinical sign of disease.

CXL for treatment of keratoconus was first described in 1998 by doctors from Dresden, Germany, and has been the standard of care in Europe and around much of the world in the past two decades.

In April 2016, the FDA approved CXL for the treatment of progressive keratoconus and since then, CXL has been accepted as the appropriate treatment for progressive keratoconus in the United States.

In the very early and mildest form of keratoconus, eyeglasses may offer adequate vision correction. As the disease starts to advance, the ideal remedy is contact lenses which correct the defects and irregularities on the cornea and offers improved vision and comfort. However, as the disease progresses, contact lenses, even after careful fitting may not bring about serviceable vision. Prior to CXL, the only therapeutic option available when vision could no longer be corrected was a corneal transplant where the scarred and misshapen cornea is replaced with a donor cornea. These are expensive and life-changing surgeries that carry with them a lifetime risk of post-operative complications.

(DESCRIBE SOME OF THE CHALLENGES YOU ENCOUNTER BECAUSE OF KERATOCONUS – FOR EXAMPLE, DIFFICULTY IN SCHOOL OR IN YOUR JOB OR WITH DRIVING. ACKNOWLEDGE THE ANXIETY OR FEAR YOU FACED IF YOU DID NOT UNDERGO THE TREATMENT. YOU NEED TO DESCRIBE WHY THIS TREATMENT WAS MEDICALLY NECESSITY FROM A HEALTH PERSPECTIVE AS WELL AS QUALITY OF LIFE. EXPLAIN WHAT YOUR DOCTOR SAID WHEN RECOMMENDING CXL. STATE THE LOCATION AND DATE OF THE PROCEDURE. MAKE SURE THAT THE PROCEDURE WAS THE FDA-APPROVED PROTOCOL AND STATE THIS IN YOUR LETTER.)

Your letter of ***(DATE OF DENIAL LETTER)*** indicated that the reason for denial of the procedure was because ***(QUOTE THE REASON FOR DENIAL DIRECTLY FROM THE LETTER.)***

(HERE YOU WILL NEED TO ARGUE WHY THEIR REASONING IS INCORRECT AND THE DENIAL OF PAYMENT WAS IMPROPER.)

Attached to this letter, you will find ***(SUMMARIZE WHAT THE ANALYST WILL FIND IN YOUR MEDICAL RECORDS, ESPECIALLY IF THE REASON GIVEN FOR THE DENIAL IS INCOMPLETE DOCUMENTATION. IF THERE IS ANOTHER REASON FOR THE DENIAL, YOU WILL NEED TO***

RESPOND TO THAT. YOU MAY NEED YOUR DOCTOR'S HELP TO ADDRESS SOME OF THE REASONS FOR DENIAL OF COVERAGE.)

Crosslinking was a medically necessary treatment for me as it is the only available treatment that would allow me to preserve vision and to perform daily activities fully and independently.

Per your written medical policy, cornea crosslinking is a covered benefit. **(MAKE SURE THIS IS TRUE. PRINT OUT A COPY OF THE RELEVANT POLICY AND INCLUDE WITH YOUR LETTER.)** Based on my doctor's recommendation, my medical history, and the attached documents, I was an appropriate candidate for this procedure.

I trust after reviewing the attachments, you will find that I meet the criteria you established in your Corporate Medical Policy for Corneal Collagen Crosslinking. Please reconsider your denial and reprocess this claim for payment. Thank you in advance for your review.

Sincerely,
(NAME)

(FULL ADDRESS AND INCLUDE EMAIL AND DAYTIME PHONE NUMBER)

Attachments:

- a. **(COPY OF INSURANCE DENIAL LETTER)**
- b. **(COPY OF INSURANCE CORPORATE MEDICAL POLICY THAT RELATES TO CXL)**
- c. **(COPIES OF MEDICAL RECORDS FROM ALL TREATING EYE DOCTORS)**
- d. **(OPTIONAL - LETTER FROM OPHTHALMOLOGIST WHO PERFORMED THE CXL DESCRIBING THE MEDICAL NECESSITY)**
- e. **(OPTIONAL - COPIES OF PEER-REVIEWED SCIENTIFIC ARTICLES THAT STRENGTHEN YOUR APPEAL. SEE NKCF TOOLKIT FOR RECOMMENDATIONS.)**
- f. **(OPTIONAL - ANY OTHER INFORMATION THAT WILL HELP WITH YOUR APPEAL.)**