SAMPLE APPEAL LETTER FOR CXL

February 22, 2019

Appeals Analyst
Jumbo Insurance Company
PO Box 123
Sacramento, CA 94204

RE:	Patient Name:	Bill Smith
	Subscriber #:	001344
	Group #:	B629
	Date of Birth:	3/14/1989
	Physician:	Dr. Cosmo Kramer
	Denied Treatment:	Corneal Collagen Crosslinking (CPT 0402T) Photrexa or Photrexa Viscous (J2787)
	Date of Service:	November 6, 2018

To Whom It May Concern,

I am writing to appeal Jumbo Insurance Company's February 1, 2019 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.

My wife is an employee of Big Auto Corp. and I have been covered as a family member on her Jumbo Insurance Company's medical policy since we enrolled in 2012. After reviewing my appeal letter and the information I have attached, I am confident you will approve the service provided to me by Dr. Cosmo Kramer on November 6, 2018 and provide coverage as a benefit of my plan.

I am 29 year old male, who was diagnosed with bilateral unstable keratoconus (H18.623) in 2017. In 2015, I visited Dr. Biff Loman, my optometrist, for an annual examination and received a prescription for eyeglasses. After only a few months, the glasses did not improve my vision and I returned for a re-evaluation. Dr. Loman noted that my vision had changed in that short period and referred me to an ophthalmologist who performed additional tests. These tests showed in addition to vision changes, that my cornea was thinner and steeper than normal, and I was diagnosed with keratoconus.

Keratoconus is an unpredictable, bilateral, 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 clarity, 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, performed by an ophthalmologist trained in the treatment of corneal disease. The procedure can be successfully performed at the earliest signs 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 the world for close to two decades. In 2014, an international panel of ophthalmologists and researchers endorsed crosslinking as "extremely important in the treatment for keratoconus with documented clinical progression." These findings were published in the journal, **Cornea,** under the title, *Global Consensus on Keratoconus and Ectatic Disease* (2015;34:359-369).

In April 2016, the FDA approved CXL for the treatment of progressive keratoconus and CXL has become accepted as the standard treatment for progressive keratoconus in the United States. Results of the clinical trials that led to the FDA approval were published in the journal **Ophthalmology.** (2017;124:1259-1270).

In the very earliest and mildest form of the disease, eyeglasses may offer adequate vision correction. As the disease starts to advance, the ideal remedy is contact lenses which corrects irregularities and defects on the cornea. However, as the disease progresses, contact lenses, even after careful fitting and customization, may not bring about functional 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 including graft rejection and graft failure, as well as the likelihood of multiple transplants over a lifetime. In countries with extended histories of CXL, the rates of corneal transplants for treatment of keratoconus have been reduced by more than half. (See study from Norway published in **Cornea**

2016;34:991-995.) Crosslinking is not only an appropriate treatment for today, it serves as a strong defense against the future need for corneal transplants.

Based on the fact that my keratoconus was progressing, and it was becoming increasingly difficult to obtain good vision with contact lenses, my eye doctor recommended crosslinking. I had the procedure on my left eye on November 6, 2018. The procedure was performed in Dr. Kramer's office following the FDA-approved protocol and utilizing FDA-approved equipment.

Your letter dated February 1, 2019 indicated that the reason for denial of the procedure was because I did not meet your corporate medical policy for the procedure and therefore the service was not medically necessary. Specifically, your letter states, "This patient's records fail to document disease progression as required under the Jumbo Insurance Company's Corporate Medical Policy."

At age 29, I fall within the FDA guidelines of eligible-to-treat patients (ages 14-65). There is ample evidence of disease progression: my corneas have changed shape and become thinner, making it more difficult for me to obtain a comfortable fit and good vision using contact lenses. My visual acuity has deteriorated as a result. These changes are documented in my medical record and are evident by reviewing results of vision assessments and diagnostic testing conducted by my doctors. Attached to this letter, you will find copies of relevant medical records from my original eye doctor, Dr. Biff Loman, as well as Dr. Kramer, the ophthalmologist who performed the crosslinking.

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. Without crosslinking, I could expect to become functionally blind due to the difficulty and extreme discomfort I experienced with contact lenses. Since I underwent the procedure, I no longer fear additional vision loss and progression of disease. Anxiety about my vision and long-term eye health has been significantly reduced.

Per your written policy, cornea crosslinking is a covered benefit for treatment of progressive keratoconus. 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 Cornea Collagen Crosslinking.

Please reconsider your denial and reprocess this claim for payment. I am hoping to undergo CXL for my right eye as soon as this denial is reversed. Thank you in advance for your review.

Sincerely,
Bill Smith

Bill Smith
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Attachments:

a. Letter dated February 1, 2019 from Jumbo Insurance company denying coverage based on lack of documentation
b. Copy of Jumbo Insurance Company / Corporate Medical Policy #XX: Corneal Collagen Cross Linking
c. Copies of medical records from optometrist Dr. Biff Loman & ophthalmologist Dr. Cosmo Kramer
d. Letter from Dr. Cosmo Kramer explaining the medical necessity of the procedure
e. Copy of **Cornea 2015; 34:359-369**. *Global Consensus on Keratoconus and Ectatic Diseases, Author: JAP Gomes, et al*
f. Copy of **Ophthalmology 2017; 124:1259-1270**. *United States Multicenter Clinical Trial for Corneal Collagen Crosslinking for Keratoconus Treatment, Author: PS Hersh, et al*
g. Copy of **Cornea 2016; 34:991-995**. *Does Corneal Collagen Cross-linking Reduce the Need for Keratoplasties in Patients with Keratoconus? Author: GF Sandvik, et al*