

**Please return all correspondence to:**

General Hospital  
2900 Oak Lane  
California, CA 99999

NPI: 123456789  
Tax ID: 12345678  
PTAN: 12345

8/21/2022

Novitas Solutions, Inc. - 935 Appeals Redetermination  
Part A Appeals  
P.O. Box 3385  
Mechanicsburg, PA 17055-1840

Dear Reviewer:

This is a Level I Redetermination appeal on Jane Doe's denied claim for an outpatient total knee replacement surgery and associated services provided at General Hospital from January 25, 2022, through January 27, 2022. The following is a summary of the denial from Medicare (Novitas), as well as substantiation of the medical necessity that supports the need for services as provided and billed.

|                                 |  |
|---------------------------------|--|
| <b>Beneficiary Name</b>         | Jane Doe   |
| <b>Member ID or HIC Number</b>  | 123456789  |
| <b>Account Number</b>           | 123456789123   |
| <b>Claim Date(s) of Service</b> | 01/25/2022 – 1/27/2022   |
| <b>Reason(s) for Denial</b>     | Allegation: Services provided not reasonable or medically necessary. |

**Reason Given for Denial**

This is a denial of medical necessity from Medicare based upon a RAC audit decision. Following audit conducted by Cotiviti, the provider received a review results letter that denied reimbursement for the surgery for lack of medical necessity.

**Clinical Presentation**

Jane Doe was an 80-year-old lady with a diagnosis of **advanced osteoarthritis of her right knee**. This was confirmed via a right **knee CT performed on 3/18/2022**. Her right knee x-ray showed a **complete loss of lateral joint space** in addition to the presence of subchondral sclerosis and the formation of **osteophytes**. **She had pain with activity and weight-bearing. Her pain interfered with activities of daily living. She had pain with passive range of motion. Her range of motion was limited by her pain.** Upon examination, crepitus was present, and her right knee showed swelling and the presence of joint effusion. Her medical history showed that she had been dealing with right knee issues for nineteen years. **Conservative**

**treatment had included Aleve, Tylenol, physical therapy, and gel injections** (pp. 1, 263, 265, 269, 270).

Jane Doe underwent a right total knee replacement in the outpatient setting on 1/27/2022 (p.9).

General Hospital maintains that Jane Doe met medical necessity criteria to support her total knee replacement. Rightfully, General Hospital should be reimbursed for the outpatient total knee replacement surgery and associated services provided to Jane Doe.

### **Justification of Treatment by LCD**

#### **Novitas LCD: Lower Extremity Major Joint Replacement (Hip and Knee) L36007**

##### **Indications:**

Medicare will consider Total Knee Arthroplasty (TKA) medically reasonable and necessary when **three** or more of the following criteria are met:

1. **Advanced joint disease demonstrated by radiographic supported evidence** or magnetic resonance imaging (MRI), e.g., fracture or deterioration, distortion of joint surfaces, subchondral cysts, subchondral sclerosis, periarticular **osteophytes**, joint subluxation, **joint space narrowing**, avascular necrosis;
2. History of unsuccessful appropriate conservative therapy that is clearly documented in the pre-procedure medical record. Non-surgical medical management is usually implemented for 3 months or more to assess effectiveness. Conservative treatment as clinically appropriate for the patient's current episode of care typically includes one or more of the following: **anti-inflammatory medications; analgesics**; flexibility and muscle strengthening exercises with **supervised physical therapy**.
3. **Pain with functional disability due to arthritis** or trauma to the knee joint; **activities of daily living (ADLs) are diminished** despite compliance with plan of care including activity restrictions as is reasonable, assistive device use, weight reduction as appropriate or **therapeutic injections into the knee as appropriate**;
4. Distinct structural abnormalities such as:
  - Distal femur fracture;
  - Proximal tibia fracture;
  - Malignancy of the distal femur, proximal tibia, knee joint or adjacent soft tissues;
  - Avascular or other form of osteonecrosis of the knee;
  - Rheumatologic changes precluding or inconsistent with rehabilitation
5. Failed previous joint replacement/arthroplasty necessitating revision as indicated by any of the following:
  - Loosening, fracture, or mechanical failure of one or more components;
  - Technical or functional failure of previous knee surgery, e.g. unicompartmental knee replacement;
  - Previous osteotomy or partial arthroplasty;
  - Infection;

- Periprosthetic fracture or bone loss of distal femur, proximal tibia or patella; Implant or knee malalignment;
- Bearing surface wear leading to symptomatic synovitis;
- Tibiofemoral or extensor mechanism instability; or
- Knee stiffness, arthrofibrosis or other destructive conditions that render the knee impaired to the extent to preclude employment or functional activities.

### **Conclusion**

General Hospital provided medically necessary services to Jane Doe with the expectation that those services would be reimbursed. General Hospital respectfully requests that you reconsider this claim and require payment to be made to General Hospital for the services provided to Jane Doe in this case.

I appreciate your attention to this matter and invite you to contact me should you have any questions.

Respectfully,

*Dr. Kendall Smith*

R. Kendall Smith Jr., MD, SFHM  
Chief Physician Advisor  
PayerWatch/AppealMasters  
Preferred contact: ksmith@payerwatch.com