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July 15, 2019

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR TOTAL KNEE REPLACEMENT IN AN INPATIENT SETTING

Dear Provider,

This letter provides **additional clarification to the previous letter regarding total knee replacement**. This new notification does not change the effective date of June 1, 2019. This letter clarifies Medicare Advantage review for total knee replacements in an inpatient setting.

Effective June 1, 2019, Kaiser Permanente implemented medical necessity criteria for Total Knee replacements performed in an inpatient setting for HMO, Options point of service and Options members, Access and Elect members, and Medicare Advantage.

Prior authorization requests for this procedure to be performed in an inpatient setting will require a medical necessity review and could be denied. Prior authorization requests for this procedure performed in an ASC setting will not require review.

Criteria are as follows:

For elective total knee replacement (27438, 27446, 27447) to be approved as inpatient **ONE** of the following criteria must be met:

- Bilateral knee replacement
- Hardware revision (CPT 27486, 27487, 27488)
- Coexisting neurologic condition (multiple sclerosis, hemiparesis, severe Parkinson's or other neurologic conditions that would likely seriously affect ambulation)

If the orthopedist has a patient who does not meet the criteria above, yet they feel needs inpatient status, they can submit a separate explanation with the request that will be reviewed by clinical staff on a case by case basis.

The above policy is pertinent only to elective total knee replacement's and not for unplanned or urgent/emergent procedures

If you have any questions, please contact Review Services at 1-800-289-1363.

Medicare Advantage members will be reviewed against the Medicare 2-Midnight Rule as defined in MLN Matters SE19002, release date January 24, 2019.

What will I need to do differently for my patients with Kaiser Permanente coverage?

- **Kaiser Foundation Health Plan of Washington HMO patients:** prior authorization is required. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services. Kaiser Permanente will notify the ordering practitioner, the patient, and the patient's personal physician of the coverage decision in writing.

- **Kaiser Foundation Health Plan of Washington Options, Inc. Point of Service patients:** prior authorization is required. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services. Kaiser Permanente will notify the ordering practitioner, the patient, and the patient's personal physician of the coverage decision in writing.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Access and Elect Preferred Provider Organization (PPO) patients:** prior authorization is not required. The claim will suspend for medical necessity review and, if approved, will be reimbursed. If the claim denies for medical necessity, the contracted provider will have to write off the charges.
- **Medicare Advantage**: prior authorization is required. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services. Kaiser Permanente will notify the ordering practitioner, the patient, and the patient's personal physician of the coverage decision in writing.

Please refer to the provisions of your agreement with Kaiser Permanente, including obtaining the member's prior written agreement to be financially responsible for the specific non-covered service, to determine when providers may bill a member for non-covered services.

These criteria along with a complete list of Kaiser Permanente Clinical Review Criteria can be found on Kaiser Permanente for Providers at https://wa-provider.kaiserpermanente.org under Authorization & Clinical Review.

If you have any questions about these changes, please contact the Provider Assistance Unit toll-free at 1-888-767-4670.

Sincerely,

Dr. Marc Mora, MD
Senior Medical Director Networks and Care Management
Washington Permanente Medical Group