

August 7, 2015

Ms. Virginia Muir
National Government Services, Inc.
LCD Comments
P.O. Box 7108
Indianapolis, IN 46207-7108
Via electronic mail: PartBLCDComments@anthem.com

RE: Draft LCD DL36039 -- Total Joint Arthroplasty (Jurisdiction 6 and Jurisdiction K)

Dear Ms. Muir:

The American Association of Hip and Knee Surgeons (AAHKS) appreciates this opportunity to provide comments on the National Government Services, Inc. (NGS) draft local coverage determination (LCD) regarding Total Joint Arthroplasty ("Draft LCD").

AAHKS is a national association of orthopaedic surgeons formed to advance and improve hip and knee patient care through leadership in education, advocacy and research. Our vision is to be the essential organization of hip and knee specialists, functioning to serve the needs of patients, care providers and policy makers regarding hip and knee health.

Given our commitment to improving the care of our patients, including promoting Medicare beneficiary access to high-quality orthopaedic procedures, we are very pleased that NGS has proposed for public comment a Draft LCD for Total Joint Arthroplasty. We believe that it is critical for surgeons to have clear parameters for coverage and documentation to ensure consistency and enhance certainty for surgeons and patients. A published LCD developed in consultation with the surgical community's input also will minimize disruptions associated with the trend of Medicare auditors applying their own unclear, unsubstantiated and unpublished medical necessity criteria as a basis to deny claims for major joint replacement procedures.

We are particularly pleased that the Draft LCD is largely in alignment with the AAHKS/American Academy of Orthopaedic Surgeons Model Coverage Determination on Total Joint Arthroplasty. We appreciate that the Draft LCD explicitly recognizes the paramount role of the physician in determining the best course of patient care, noting that the "clinical judgment of the treating physician is always a consideration" if clearly documented. Likewise, we concur with NGS that the LCD should recognize that there may be patients for whom non-surgical medical management may not be appropriate, and the rationale in such cases should be documented in the medical records.

We offer below a limited number of suggested revisions/refinements to the Draft LCD that we believe would enhance the workability of the policy.

Limitations

Under the Draft LCD, total knee arthroplasty (TKA) and total hip arthroplasty (THA) will not be considered reasonable and necessary when neuropathic arthritis is present. We recommend that NGS remove this as a limitation, since there may be instances in which a TKA or THA is appropriate for these patients. For example, a patient with neuropathic arthritis of the opposite extremity or the joint above or below the joint in question may be an appropriate candidate for this surgery. While this diagnosis, if present, must be

considered in assessing a patient's suitability for total joint arthroplasty, it should not be absolute contraindications for surgery because there are clinical situations for which surgery would be appropriate.

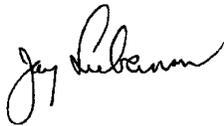
Diagnosis Codes

We recommend that NGS include the diagnosis code(s) for neuropathic arthritis in the listing of ICD-10 codes that support medical necessity for THA/TKA, since it represents a potential indication for medically-necessary THA/TKA procedures.

* * *

In closing, we commend NGS for presenting this draft LCD, which we believe would serve to improve clarity and consistency with regard to coverage and documentation requirements associated with the Medicare major joint replacement benefit. We look forward to working with NGS to finalize this important coverage policy. We would be pleased to discuss these comments with you in greater detail or answer any questions you may have; you can reach us at aahksstaff@aahks.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay R. Lieberman". The signature is fluid and cursive, with the first name "Jay" being particularly prominent.

Jay R. Lieberman, MD President