

JE TOTAL KNEE ARTHROPLASTY POLICY CHECKLIST

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy Reference

- [Total Knee Arthroplasty LCD Policy \(L36575\)](#)
- [Policy Article \(A57685\)](#)

Documentation Reference

- [Part A Total Knee Arthroplasty Documentation Requirements](#)
- [CMS MLN Major Joint Replacement \(Hip or Knee\)](#)

Medical Documentation

Legible handwritten physician or clinician signature

Valid electronic physician or clinician signature

Physician or non-physician practitioner order for date of service, including admission order, if applicable

Legible procedure note or report that includes sufficient detail to allow reconstruction of procedure

Records of patient's condition before, during and after this billing period to support medical necessity

- History and Physical, office visit notes, emergency room records, progress notes, nurse's notes, treatment records, consultation reports and all other pertinent medical records

Documentation supporting pain history and functional disability

Pre-procedure radiographic supported evidence (or when radiographic imaging is not adequate MRI)

Medical administration record (MAR)

Observation order and daily progress notes, if applicable

Rehabilitation records

Disposition, discharge notes or hospital discharge summary

Documentation to support indications and/or criteria specified in Local Coverage Determinations (LCD) or National Coverage Determinations