

VALLEY ORTHOPEDIC ASSOCIATES

1200 Cascade Way, Suite 200 · Pacific NW · NPI [VERIFY: practice_npi]

May 16, 2026

Aetna Appeals Department

PO Box 14463, Lexington, KY 40512

RE: Appeal of Denial — Patient J. Doe

Claim # 2026-04-771-22 · CPT 27447 (Total Knee Arthroplasty) · Date of service 03/12/2026 · Denial reason CO-50 — Not medically necessary

To Whom It May Concern:

We respectfully request reconsideration of the above-referenced denial. The supporting documentation demonstrates that the requested procedure is medically necessary for the patient's diagnosed condition and meets the criteria established in Aetna's own coverage policy.

DENIAL SUMMARY

The denial cites the following reason: “*Service is not medically necessary per CPB 0123.*”

MEDICAL NECESSITY

[VERIFY: clinical_history] — clinical context to be confirmed by treating physician.

The patient was diagnosed with M17.11 (Unilateral primary osteoarthritis of the right knee). [VERIFY: prior_treatments] — prior conservative treatment to be confirmed.

GUIDELINE SUPPORT

Per Aetna policy CPB 0123 (Total Knee Arthroplasty): “Total knee arthroplasty (CPT 27447) is considered medically necessary when conservative treatment for at least 3 months has failed to relieve symptoms of severe osteoarthritis (ICD-10 M17.11, M17.12), and imaging confirms significant joint space narrowing or osteophyte formation.”

Per Aetna policy CPB 0123 (Total Knee Arthroplasty): “Documentation requirements for TKA include a recent imaging report (X-ray or MRI within the last 12 months) and clinical notes documenting failed conservative treatment such as NSAIDs, physical therapy, or intra-articular injections.”

Per Cigna policy MM-0789 (Joint Replacement): “Cigna covers total knee arthroplasty (CPT 27447) when imaging confirms severe degenerative changes consistent with osteoarthritis (M17.11) and the patient has documented failure of at least six weeks of structured conservative therapy.”

REBUTTAL

The denial reason cited does not consider the full clinical picture documented in the medical record. The supporting documentation demonstrates that the requested service is medically necessary for the patient's diagnosed condition and falls squarely within Aetna's own policy criteria quoted above.

CONCLUSION

We respectfully request reconsideration of this denial. Please find attached the relevant clinical documentation supporting medical necessity for this service.

Sincerely,

[VERIFY: provider_signature]

A. Patel, MD

Valley Orthopedic Associates · NPI [VERIFY: provider_npi]

About this sample. Generated by AZREX from a synthetic Aetna denial. [VERIFY: ...] tags mark fields the system requires a physician to confirm before the letter is signed and sent — AZREX never fabricates them. Real patient data is redacted before any model sees it, and every tenant's records stay isolated.

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