

# EVH Clinical Guideline 2734.CC for Outpatient Major Joint Arthroplasty (Hips and Knees)

<b>Guideline Number:</b> EVH_CG_2734.CC	<b><u>Applicable Codes</u></b>	
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# STATEMENT

## General Information

- *It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

## Purpose

The purpose of this policy is to define the process for reviewing Inpatient Total Knee Arthroplasty (TKA) and Total Hip Arthroplasty (THA) requests. CountyCare considers Total Arthroplasty requests for Hips and Knees as outpatient requests when:

- The member is considered in overall good health <sup>(1,2)</sup>
- Member has a good social support system at home <sup>(2)</sup> with a conducive home layout to post-operative recovery
- Not considered overweight or obese by Body Mass Index (BMI) standards <sup>(1,2)</sup>
- Low risk for complications
  - **Prior authorization (PA) is not required for total hip/ knee requests treated in an outpatient setting**
  - **Inpatient TKA and THA requests will require prior authorization**

## Special Note

### ***CMS Inpatient Procedure Only (IPO) List*** <sup>(3)</sup>

- *If a procedure code is on this list and if the procedure is medically necessary and the provider requests to perform the procedure in the inpatient setting, the procedure will be considered medically necessary for the inpatient setting*

## INDICATIONS

### Indications for an inpatient setting for TKA and THA

TKA or THA may be considered necessary as an inpatient procedure when one or more of the following criteria are met:

#### ***History of one or more co-morbidities*** <sup>(4)</sup>

- Congestive heart failure (CHF) <sup>(5)</sup>
- Valvular Heart Disease <sup>(5)</sup>
- Coronary artery disease (CAD)
- Liver Disease <sup>(5)</sup>
- Acute kidney injury or chronic kidney disease
- Renal failure <sup>(5)</sup>
- Thromboembolic events
- Stroke
- Diabetes mellitus (DM) with HbA1C  $\geq 7\%$
- BMI  $\geq 40$  kg/m<sup>2</sup> <sup>(6)</sup>
- Hypertension <sup>(5)</sup>
- Chronic obstructive pulmonary disease
- Peripheral vascular disease <sup>(5)</sup>
- Pulmonary circulation disorder <sup>(5)</sup>
- Rheumatoid Arthritis/Collagen Vascular Disease <sup>(5)</sup>
- Unstable Angina

#### ***Bilateral Arthroplasty***

Bilateral Total Hip Arthroplasty (B-THA) and Bilateral Total Knee Arthroplasty (B-TKA) are considered as necessary inpatient procedures.

#### ***Replacement/revision of previous arthroplasty***

Replacement/revision TKA or THA may be considered necessary as an inpatient procedure when the following criteria are met:

- Previous removal of infected knee prosthesis <sup>(7)</sup> or infected hip prosthesis <sup>(8)</sup>
- No evidence of current, ongoing, or inadequately treated infection (ruled out by normal inflammatory markers (ESR and CRP) or significant improvement in these markers <sup>(7-10)</sup>
- Member is off antibiotics for 2 weeks <sup>(7,8)</sup>

- Persistent, severe, disabling pain, complaints of component instability, mechanical abnormalities ('clunking' or audible crepitus), any of which result in loss of function that has lasted for at least a 12-week period <sup>(11,12)</sup>
- Any **ONE** of the following findings upon physical exam:
  - TKA replacement/revision:
    - Tenderness to palpation objectively attributable to the implant, swelling or effusion, pain on weight-bearing or motion, instability on stress-testing, abnormal or limited motion (compared to usual function), palpable or audible crepitus or 'clunking' associated with reproducible pain
  - THA replacement/revision:
    - Radiographic evidence support extensive disease or damage due to fracture, malignancy, osteolysis, other bone or soft-tissue reactive or destructive process, inappropriate positioning of components, recurrent instability, subluxation, dislocation, critical polyethylene wear, or other mechanical or hardware failure <sup>(8,10)</sup>
    - Painful, limited range of motion or antalgic gait, contracture, or leg length difference <sup>(11,12)</sup>
- Bearing surface wear leading to symptomatic synovitis or local bone or soft tissue reaction
- Aseptic loosening, progressive bone loss, or mechanical failure of one or more prosthetic components confirmed on radiographic or advanced imaging (bone scan, CT scan, or MRI), <sup>(7)</sup> or recall of a prosthetic component.
- Recurrent or irreducible dislocation
- Displaced periprosthetic fracture, periprosthetic infection, progressive or substantial periprosthetic bone loss <sup>(8)</sup>
- BMI < 40kg/m<sup>2</sup>
- No corticosteroid injection into the joint within 12 weeks of surgery <sup>(6,13,14)</sup>
- Documentation of social determinant of health that is believed to promote adverse complications if surgery is completed outpatient
- Caregiver not available to manage care postoperatively
- Housing layout is sub optimal for safe post-operative recovery
- Housing instability
- Cognitive issues that preclude the ability to understand instructions

## Documentation Requirements

When considering TKA or THA, the documentation should include the following criteria in **2 or more** areas:

- Any **ONE** of the following findings upon physical exam <sup>(11,12)</sup>:

- Tenderness to palpation objectively attributable to the implant
- Swelling or effusion
- Pain with weight bearing
- Instability on stress-testing
- Abnormal or limited range of motion (compared to usual function)
- Interference with gait (antalgic gait) and limited ROM
- Difference in leg length
- Palpable or audible crepitus or 'clunking' associated with reproducible pain
- Interference with ADLS
- Failed hip arthroplasty as defined by symptomatic or unstable joint upon physical examination with documented persistent, severe, or disabling pain with loss of function and/or instability <sup>(8,10)</sup>
- For implant loosening seen on routine X-rays or advanced imaging, documentation of no current, ongoing, or inadequately treated infection, ruled out by normal inflammatory markers (ESR and CRP). If these markers are elevated, a clear statement by the treating surgeon is required regarding the surgical plan to rule out infection <sup>(7-10)</sup>

#### AND

Severe osteoarthritis or bone condition by radiographic or imaging <sup>(8,10,15)</sup>:

- Effusions
- Acute fracture
- Avascular necrosis
- Joint space narrowing or large osteophytes on imaging
- Severe sclerosis or deformity
- Bone on bone contact

#### WITH

At least 12 weeks of **non-surgical treatment** documented in the medical record <sup>(6,16,17)</sup>:

- Anti-inflammatory medications or analgesics: oral/topical NSAIDs, acetaminophen, or analgesics
- Intra-articular corticosteroid injections
- Weight reduction for individuals with elevated BMI
- Flexibility and muscle strengthening exercises
- Rest or activity modification/limitations
- Supervised physical therapy
- Assistive device use (cane, walker, braces, crutches, and orthotics)

Documentation should include physical examination records to include objective findings to include deformity, ROM, crepitus, effusions, tenderness and gait abnormalities to include imaging studies, consultation records and statement of clinical judgement from the provider indicating need for inpatient setting. Records should include discharge plan and anticipated discharge orders for post operative recovery.

Postoperative records should also be included to indicate current medical treatment post operatively requiring inpatient setting if unexpected complications arise.

## LIMITATIONS FOR OUTPATIENT TKA OR THA

The following criteria deems outpatient TKA or THA as **not** appropriate:

- Member's history of co-morbidities and current medical needs are complex, severe, or poorly managed (see **Indications for an inpatient setting for TKA and THA**)
- Member is at risk for post-operative complications
- Member/family history of anesthesia related complication(s) (e.g., malignant hyperthermia, pseudocholinesterase deficiency, airway difficulties, obstructive sleep apnea)
- Member has a history of blood clots
- Post-operative complaints of instability or severe nausea with vomiting
- Member has significant pain management issues
- Bilateral TKA/THA
- Documentation of active local or systemic infection

## CODING AND STANDARDS

### Codes

Code	Description
27125	Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft

<b>Code</b>	<b>Description</b>
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27437	Arthroplasty, patella; without prosthesis
27438	Arthroplasty, patella; with prosthesis
27440	Arthroplasty, knee, tibial plateau;
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27477	Arrest, epiphyseal, any method (e.g., epiphysiodesis); tibia and fibula, proximal
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture

Code	Description
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

## Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

## BACKGROUND

Advancements in surgical techniques (e.g., minimally invasive procedures), anesthesia, preoperative education and discharge planning, postoperative rehabilitation and care coordination, and a multidisciplinary team approach allow for early mobilization and discharge following joint replacement.

Outpatient joint replacement surgery may be an option for members who are healthy overall, motivated to return home the same day as the procedure, and who have support in place. Some studies did, however, find an increased rate of complications and readmissions with outpatient surgery which could ultimately add to the overall cost of the procedure. While outpatient total joint arthroplasty is only being done in certain centers, reported outcomes have been based on observational studies only, as there are no randomized controlled trials as of yet. High-quality studies are needed to determine long-term outcomes before outpatient arthroplasty is more widely recommended.



## POLICY HISTORY

Date	Summary
December 9, 2025	<ul style="list-style-type: none"> <li>Annual Review - Updated Purpose and added Special Note; added in-text citations; replaced patient with member throughout; updated Indications, Documentation Requirements and Limitations sections; minor update to Background section; updated description of codes 27130, 27447, 29862, 29880 and 29881, removed procedure code 27445 (terminated effective 01.01.2026); replaced outdated References with updated References</li> </ul>
November 20, 2025	<ul style="list-style-type: none"> <li>This guideline replaces PA.243.CC Outpatient Major Joint Arthroplasty (Hips and Knees)</li> <li>Editorial changes to match the formatting and layout of the new template</li> </ul>

## LEGAL AND COMPLIANCE

### Guideline Approval

#### Committee

**Reviewed / Approved by Evolent Administrative Services Medical Policy Committee**

### Disclaimer

*Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.*

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