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

Guideline Number:	Applicable Codes	
EVH_CG_2734.CC		
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Original Date:	**Last Revised Date:**	**Implementation Date:**
January 3, 2022	November 20, 2025	December 1, 2025

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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 patient is considered in overall good health
- Patient has good support at home with a conducive home layout to post operative recovery
- Not considered overweight or obese by BMI standards
- Low risk for complications
    - **PA is not required for total hip/ knee requests treated in an outpatient setting**
    - **Inpatient TKA and THA requests will require prior authorization**

INDICATIONS

Indications for an inpatient setting

Documented history of one or more co morbidities

- Heart failure (HF) by history
- Coronary artery disease (CAD) by history
- Cirrhosis by history
- End stage renal disease by history

- Thromboembolic events by history
- Diabetes mellitus (DM) with HbA1C ≥ 7 %
- BMI ≥ 40 kg/m2
- Unstable Angina

OR

Documentation of bilateral arthroplasty needed

- Bilateral hips
- Bilateral knees

OR

Replacement/revision of previous arthroplasty

- Aseptic loosening of one or more prosthetic components confirmed by imaging
- Bearing surface wear leading to symptomatic synovitis or local bone or soft tissue reaction
- Component instability
- Displaced periprosthetic fracture
- Fracture, mechanical failure, or recall of a prosthetic component
- Periprosthetic infection
- Progressive or substantial periprosthetic bone loss
- Recurrent or irreducible dislocation
- Recurrent, disabling pain associated with clinically significant leg length inequality or audible noise

OR

- 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

All documentation should include:

Documented pain limitations in 2 or more areas:

- Weight bearing
- Pain with passive range of motion on physical examination
- Limitation of activity
- Interference with ADLS
- Interference with gait (antalgic gait) and limited ROM

AND

Severe Osteoarthritis or bone condition by radiographic or imaging:

- 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:

- Anti-inflammatory medications or analgesics
- Intra-articular injections
- Braces, orthotics and assistive devices
- Weight loss
- Flexibility and muscle strengthening exercises
- Activity modification
- Supervised physical therapy
- Assistive device use (for example, cane, walker, braces (specify type of brace), 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

The following is a sample list (not all-inclusive) of conditions that are not appropriate for outpatient total arthroplasty surgery:

- Patient's history of co-morbidities and current medical needs are complex, severe, or poorly managed
- Patient is at risk for post operative complications
- Patient / family history of anesthesia related complication(s) (e.g., malignant hyperthermia, pseudocholinesterase deficiency, airway difficulties, obstructive sleep apnea)
- Patient has a history of blood clots
- Severe sign and symptoms and risk of adverse events documented by provider
- Post operative complaints of instability or severe nausea with vomiting
- Patient has significant pain management issues
- Bilateral TKA/THA
- Documentation of active infection (surgery should be held for both outpatient and inpatient setting)

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 auto
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
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

Code	Description
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
27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)
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
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,
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debris

Code	Description
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☐	Commercial
☐	Exchange/Marketplace
☒	Medicaid
☐	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 patients 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
November 20, 2025	• This guideline replaces PA.243.CC Outpatient Major Joint Arthroplasty (Hips and Knees) • Editorial changes to match the formatting and layout of the new template

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

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