



CLINICAL POLICY AND PROCEDURE MANUAL

Policy Number: PA.243.CC
Last Review Date: 11/16/2023
Effective Date: 12/01/2023

PA.243.CC Outpatient Major Joint Arthroplasty (Hips and Knees) Policy

Summary:

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.

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 a 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.**

Criteria for inpatient setting:

Documented history of 1 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

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- Diabetes mellitus (DM) with HbA1C \geq 7 %
- BMI \geq 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

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

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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

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- 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)

CPT Codes:

Code	Description
27130	ARTHROPLASTY, ACETABULAR/PROXIMAL FEMORAL PROSTHET
27132	CONVERSION, PREVIOUS HIP SURGERY TO TOTAL HIP ARTH
27134	REVISION, TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS,
27137	REVISION, TOTAL HIP ARTHROPLASTY; ACETABULAR COMPO
27138	REVISION, TOTAL HIP ARTHROPLASTY; FEMORAL COMPONEN
27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS
27438	ARTHROPLASTY, PATELLA; W/PROSTHESIS
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; W/DEBRIDEMENT
27442	ARTHROPLASTY, FEMORAL CONDYLES/TIBIAL PLATEAU(S),
27443	ARTHROPLASTY, FEMORAL CONDYLES/TIBIAL PLATEAU(S),
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL/LA
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AN
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

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

References:

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4. Jaibaji et al. Is Outpatient Arthroplasty Safe? A Systemic Review. J Arthroplasty. 2020 Jul;35(7):1941-1949. doi: 10.1016/j.arth.2020.02.022. Epub 2020 Feb 17.
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Revision History:

Revision	Date
Policy Created	November 2021
Policy Approved	December 2021
Formatting Updates to Codes section; updates to Reference Section	11/17/2022
Annual review; updated Evolent Logo; format update to Reference #6	11/16/2023

Disclaimer:

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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