

# safety and efficacy of outpatient arthroplasty

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# Summary of Presentation

- **Presenters:** Sohrab, Gollogly, MD\*
- **CPT Code Involved:** 27447
- **APC Affected:** NA
- **Description of the issue:** Total Knee Arthroplasty (TKA) is currently performed safely and effectively in the outpatient setting. The code should be removed from the inpatient-only list and added to the list of codes payable in hospital outpatient departments (HOPDs).
- **Clinical Description of the Service:** Clinically similar to 27446 (partial knee replacement) which is being performed on Medicare patients in both the HOPD and ambulatory surgical center (ASC) settings.
- **Recommendation and Rationale:** Greater than 100 peer-reviewed articles have been published on the topics of: outpatient joint replacement, appropriate patient selection, multi-modal pain management, rapid rehabilitation, and clinical outcomes. Appropriate Medicare beneficiaries will be able to benefit from TKA in the outpatient setting. They will be able to leave the hospital within 24 hours, and should expect high levels of satisfaction, good pain control, and minimal risk of readmission or ER visits post-operatively.
- **Potential consequences of not making the change:** CMS will not be able to capture cost savings associated with shorter hospital stays and more rapid rehabilitation of patients. Medicare beneficiaries will not be able to participate in some rapid rehabilitation joint replacement programs, and patient access will be restricted as more outpatient joint replacement programs develop in the United States.
- \*Dr. Gollogly does have a relationship as a clinical consultant with Arthrex, an orthopedic company that manufactures and sells orthopedic devices.

# Outpatient joint replacement is a reality.

> 100 peer reviewed articles have been published on this topic

Clin Orthop Relat Res (2009) 467:1424–1430  
DOI 10.1007/s11999-009-0741-x

SYMPOSIUM: ADVANCED TECHNIQUES FOR REHABILITATION AFTER TOTAL HIP  
AND KNEE ARTHROPLASTY

## Newer Anesthesia and Rehabilitation Protocols Enable Outpatient Hip Replacement in Selected Patients

Richard International Orthopaedics (SICOT) (2014) 38:443–447  
Eliza DOI 10.1007/s00264-013-2214-9  
Craig

ORIGINAL PAPER

## Feasibility and safety of per unicompartmental knee arthroplasty

 **Journal of Surgical Orthopaedic Advances**

## Patient Selection in Outpatient and Short-Stay Total Knee Arthroplasty

Scott Lovald, PhD<sup>1</sup>; Kevin Ong, PhD<sup>2</sup>; Edmund Lau, MS<sup>1</sup>; Girish Joshi, MD<sup>3</sup>; Steven Kurtz, PhD<sup>2</sup>; and Arthur Malkani, MD<sup>4</sup>



Contents lists available at [ScienceDirect](#)

The Journal of Arthroplasty

journal homepage: [www.arthroplastyjournal.org](http://www.arthroplastyjournal.org)



## Complications, Mortality, and Costs for Outpatient and Short-Stay Total Knee Arthroplasty Patients in Comparison to Standard-Stay Patients

Richard, PhD<sup>a</sup>, Kevin L. Ong, PhD<sup>b</sup>, Arthur I. Malkani, MD<sup>c</sup>, Edmund C. Lau, MS<sup>a</sup>, and Michael T. Manley, PhD<sup>e</sup>

## Global Forum: An International Perspective on Outpatient Surgical Procedures for Adult Hip and Knee Reconstruction

Jean-Noël A. Argenson, MD, PhD, Henrik Husted, MD, PhD, Adolph Lombardi Jr., MD, Robert E. Booth, MD, and Emmanuel Thienpont, MD, MBA

ARTICLES

## THA with a Minimally Invasive Technique, Multi-modal Anesthesia, and Home Rehabilitation

Factors Associated with Early Discharge?

Dana Christopher Mears MD, PhD, Simon C. Mears MD, PhD, Jacques E. Chelly MD, PhD, MBA, Feng Dai PhD, Katie L. Vulakovich

REHABILITATION AFTER TOTAL HIP

At Monterey Spine & Joint, we have a robust program for performing outpatient total knee arthroplasty.

We will perform > 200 outpatient joint replacement procedures in 2016 on patients with commercial insurance

These procedures are performed safely in an ASC for approximately 50% of the cost of the same procedure performed as an inpatient

Clinical outcomes and patient satisfaction scores are equal to or better than the inpatient environment

We have developed a pre-operative assessment tool to determine who can have a successful outpatient operation

A 10 point scoring system:

6 pre-op questions

BMI and ASA Category Determination

Expected Tourniquet Time

This protocol has been submitted for consideration for the AAOS annual meeting in 2017

- < 5 points, minimal risk
- 5-8 points, moderate risk
- > 8 points, potentially unsuitable

52 year old male  
BMI 33  
HTN  
Prior RTC surgery  
ASA 2

TT < 60

2 / 10



52 year old male  
BMI 43  
HTN, DM, COPD  
No prior exp  
ASA 3

TT > 60

10/10



# DATA

Retrospective review of 100 consecutive patients undergoing elective Total Knee Replacement at two centers (Carlsbad and Monterey) in California

Who were these patients and how healthy were they?

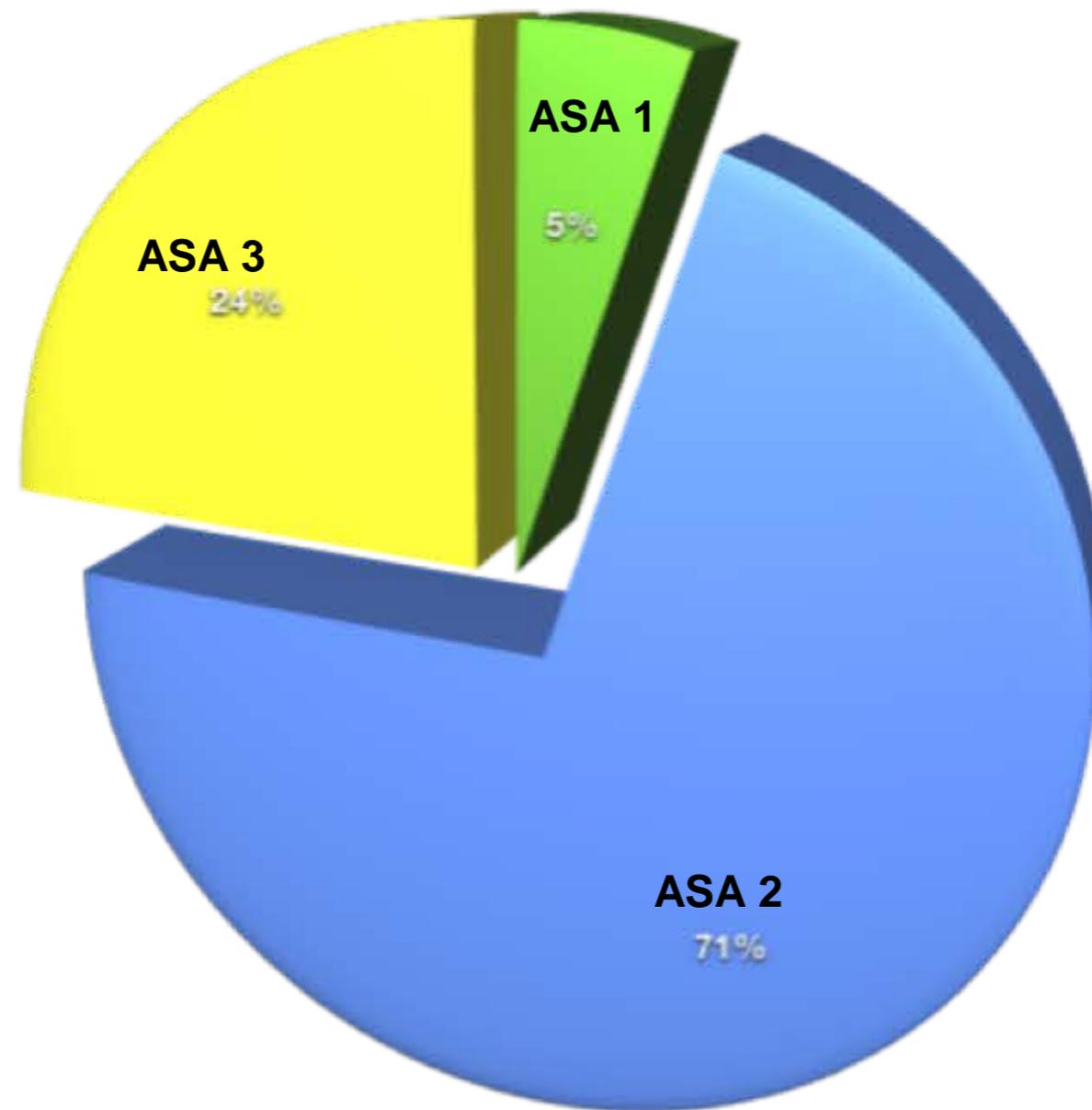
Did they leave within 24 hours?

Did they visit the ER within 5 days?

Were they satisfied with the experience?

Average age: 59.2 Range 38 - 84

Distribution of ASA category



# Results

0 hospital admissions within 5 days

1 ER visit for uncontrolled pain

0 infections

Very high satisfaction scores (>99%)

## Conclusion:

Patients that score as having minimal or moderate risk using this tool are able to tolerate outpatient joint replacement surgery and leave the center within 24 hours. Retrospectively, they report high levels of satisfaction, good pain control, and there was minimal risk of readmission or ER visits after the procedure

We are requesting that CMS consider moving the CPT code for total knee arthroplasty, 27447, from the inpatient only list to the HOPD list.

# References:

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