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
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
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.
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:

Epub 2011 Nov 9.
Bini, et al., Two-day length of stay is not inferior to 3 days in total knee arthroplasty with regards to 30-day readmissions. J Arthroplasty. 2015 May;30(5):733-8. Epub 2014 Dec 5.