

**Quality ID #350: Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy**

**2023 COLLECTION TYPE:**  
MIPS CLINICAL QUALITY MEASURES (CQMS)

**MEASURE TYPE:**  
Process – High Priority

**DESCRIPTION:**  
Percentage of patients regardless of age undergoing a total knee or total hip replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g., non-steroidal anti-inflammatory drug (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure.

**INSTRUCTIONS:**  
This measure is to be submitted **each time** a procedure for total knee or total hip replacement is performed during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission Type:**  
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**  
All patients regardless of age undergoing a total knee or total hip replacement

**Denominator Criteria (Eligible Cases):**

All patients, regardless of age

**AND**

**Patient procedure during the performance period (CPT):** 27438, 27442, 27445, 27446, 27447, 27130

**WITHOUT**

**Telehealth Modifier (including but not limited to):** GQ, GT, 95, POS 02

**NUMERATOR:**  
Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure

**Numerator Options:**

***Performance Met:***

Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure (**G9296**)

**OR**

***Performance Not Met:***

Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs,

analgesics, weight loss, exercise, injections) prior to the procedure not documented, reason not given (G9297)

**RATIONALE:**

A trial of non-surgical therapy should be used prior to surgery, when possible. Non-surgical therapy may include the use of NSAIDs, other analgesics, exercise, or injections. For patients with severe disability, the patient and surgeon may decide after a thorough review of conservative options that the optimal treatment is to proceed with the operative intervention.

This measure is designed for use by physicians and eligible health care professionals managing ongoing care for all patients undergoing a total knee or hip replacement. This measure addresses the preoperative period.

**CLINICAL RECOMMENDATION STATEMENTS:**

*AAOS Management of Osteoarthritis of the Knee (Non-Arthroplasty) (3rd Edition), 2021*

AAOS recommends self-management programs to improve pain and function for patients with knee osteoarthritis. (Strong Recommendation)

AAOS recommends patient education programs to improve pain in patients with knee osteoarthritis. (Strong Recommendation)

AAOS recommends supervised exercise, unsupervised exercise, and/or aquatic exercise over no exercise to improve pain and function for treatment of knee osteoarthritis. (Strong Recommendation)

AAOS recommends sustained weight loss to improve pain and function in overweight and obese patients with knee osteoarthritis. (Moderate Recommendation)

AAOS recommends topical nonsteroidal anti-inflammatory drugs (NSAIDs) be used to improve function and quality of life for treatment of osteoarthritis of the knee, when not contraindicated. (Strong Recommendation)

AAOS recommends oral NSAIDs to improve pain and function in the treatment of knee osteoarthritis when not contraindicated. (Strong Recommendation)

*AAOS Management of Osteoarthritis of the Hip, 2017*

AAOS recommends NSAIDs to improve short-term pain, function, or both in patients with symptomatic osteoarthritis of the hip. (Strong Recommendation)

AAOS recommends the use of intraarticular corticosteroids to improve function and reduce pain in the short-term for patients with symptomatic osteoarthritis of the hip. (Strong Recommendation)

AAOS recommends the use of physical therapy as a treatment to improve function and reduce pain for patients with osteoarthritis of the hip and mild to moderate symptoms. (Strong Recommendation)

*OARSI Guidelines for the Non-surgical Management of Knee, Hip, and Polyarticular Osteoarthritis (Bannuru R, Osani M, Vaysbrot E, Trojian T, et al, 2019)*

For patients with Hip OA, only structured land-based exercise programs were considered eligible for Core Treatment designation. Arthritis education was considered a standard of care. Structured land-based exercise programs, dietary weight management in combination with exercise, and mind-body exercise (such as Tai Chi and Yoga) were considered by the panel to be effective and safe for all patients with Knee OA, regardless of comorbidity. These treatments are recommended for use alone or along with interventions of any recommendation level, as deemed appropriate for the individual. Education about OA is considered a

standard of care. *Core Treatments (treatments deemed appropriate for use by the majority of patients in nearly any scenario and deemed safe for use in conjunction with first line and second line treatments)*

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These performance measures are not clinical guidelines. They do not establish a standard of medical care and have not been tested for all potential applications. These Measures and specifications are provided “as is” without warranty of any kind. AAHKS shall not be responsible for any use of these performance measures.

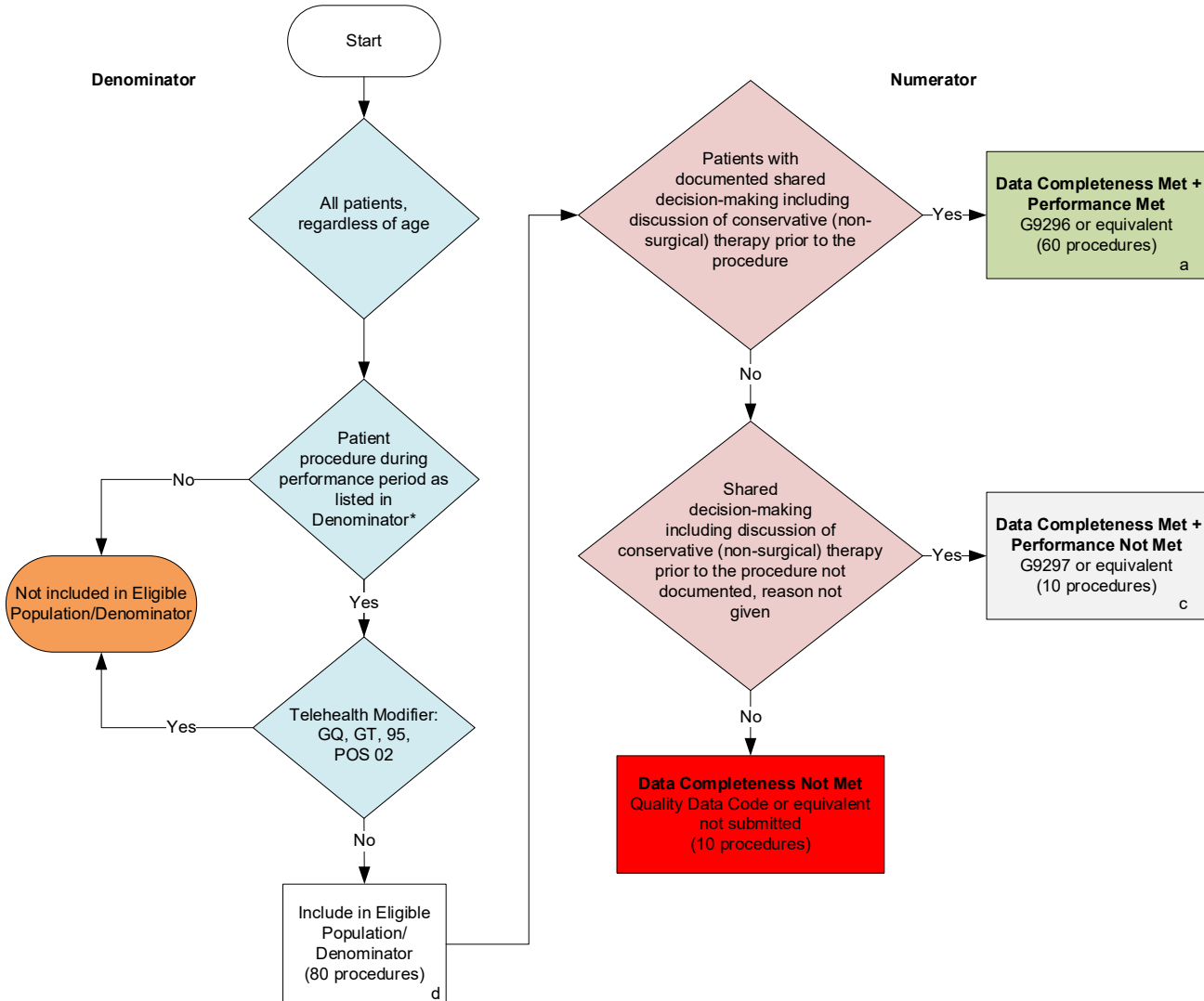
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**2023 Clinical Quality Measure Flow for Quality ID #350:  
Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative  
(Non-surgical) Therapy**

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*



**SAMPLE CALCULATIONS**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=60 procedures)} + \text{Performance Not Met (c=10 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=60 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{60 \text{ procedures}}{70 \text{ procedures}} = 85.71\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure

NOTE: Submission Frequency: Procedure

NOTE: Telehealth modifiers include **but are not limited to:** GQ, GT, 95, POS 02

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## 2023 Clinical Quality Measure Flow Narrative for Quality ID #350:

### Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. All patients, regardless of age.
3. Check *Patient procedure during performance period as listed in Denominator\**:
  - a. If *Patient procedure during performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient procedure during performance period as listed in Denominator\** equals Yes, proceed to check *Telehealth Modifier*.
4. Check *Telehealth Modifier*:
  - a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Telehealth Modifier* equals No, include in *Eligible Population/Denominator*.
5. Denominator Population:
  - a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
6. Start Numerator
7. Check *Patients with documented shared decision-making including discussion of conservative (non- surgical) therapy prior to the procedure*:
  - a. If *Patients with documented shared decision-making including discussion of conservative (non- surgical) therapy prior to the procedure* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 60 procedures in the Sample Calculation.
  - b. If *Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy prior to the procedure* equals No, proceed to check *Shared decision-making including discussion of conservative (non- surgical) therapy prior to the procedure not documented, reason not given*.
8. Check *Shared decision-making including discussion of conservative (non-surgical) therapy prior to the procedure not documented, reason not given*:
  - a. If *Shared decision-making including discussion of conservative (non-surgical) therapy prior to the procedure not documented, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 10 procedures in the Sample Calculation.

- b. If *Shared decision-making including discussion of conservative (non-surgical) therapy prior to the procedure not documented, reason not given* equals No, proceed to check *Data Completeness Not Met*.

9. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### **Sample Calculations**

Data Completeness equals Performance Met (a equals 60 procedures) plus Performance Not Met (c equals 10 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 60 procedures) divided by Data Completeness Numerator (70 procedures). All equals 60 procedures divided by 70 procedures. All equals 85.71 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

NOTE: Telehealth modifiers include **but are not limited to**: GQ, GT, 95, POS 02

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.