

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

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

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:

Reporting Frequency:

This measure is to be submitted **each time** for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients undergoing a total knee or total hip replacement. 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. There is no diagnosis associated with this measure.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed during the performance period.

Telehealth:

NOT TELEHEALTH ELIGIBLE: This measure **is not appropriate for nor applicable to the telehealth setting**. This measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. 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, , 27446, 27447, 27130

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 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 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)

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)*

REFERENCES:

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

AAOS Management of Osteoarthritis of the Hip, 2017

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

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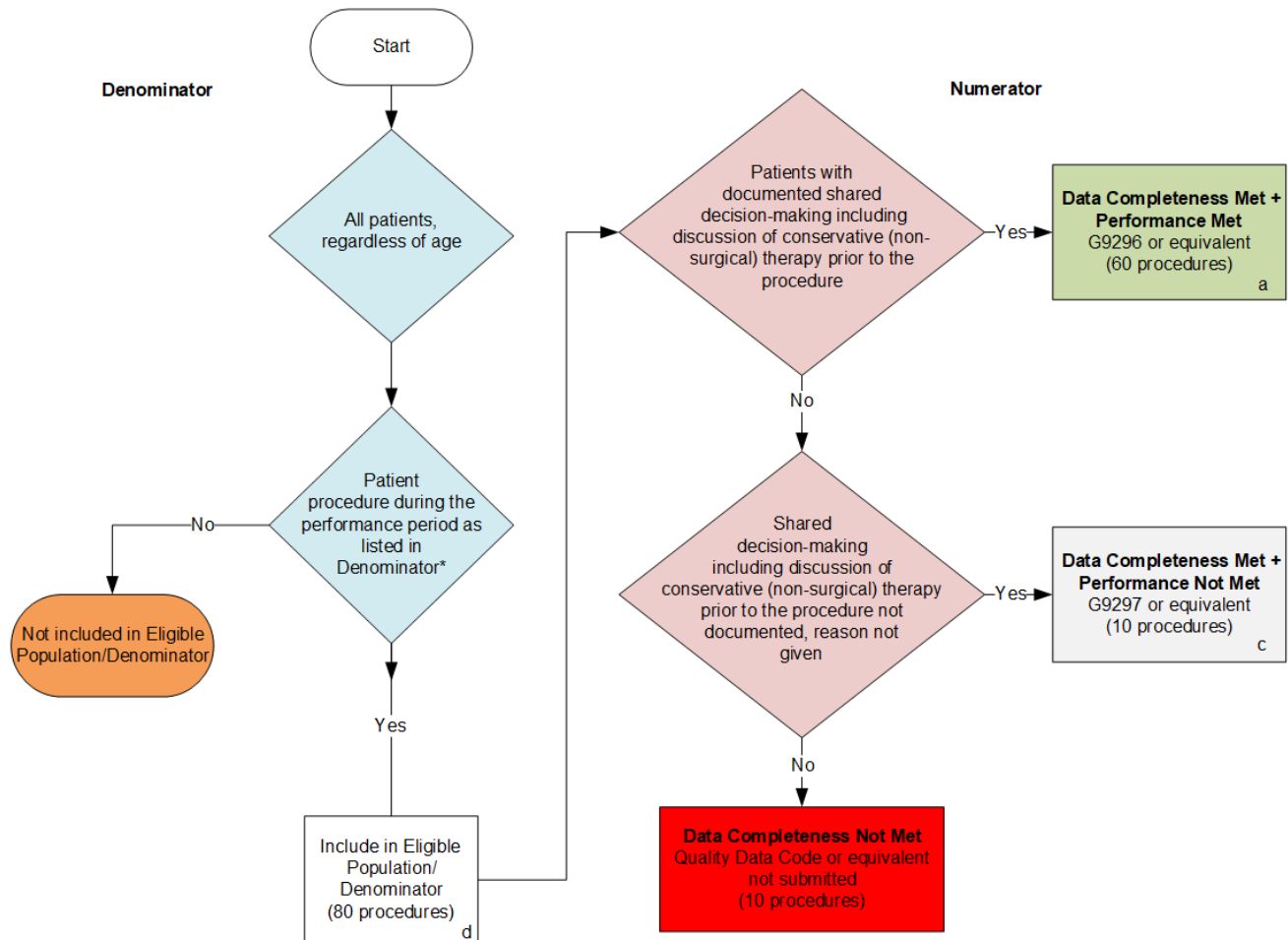
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**2026 Clinical Quality Measure Flow for Quality ID #350:
Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative
(Non-surgical) Therapy**

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



SAMPLE CALCULATIONS

Data Completeness=

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

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

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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.

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2026 Clinical Quality Measure Flow Narrative for Quality ID #350:

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

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1. Start with Denominator
2. *All patients, regardless of age.*
3. Check *Patient procedure during the performance period as listed in Denominator**:
 - a. If *Patient procedure during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during the performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
4. 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.
5. Start Numerator
6. 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*.
7. 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*.
8. 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

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