

Outpatient-Level THA/TKA PRO-PM

Risk-Standardized Patient-Reported Outcome-Based Performance Measure (PRO-PM) for Total Hip Arthroplasty and Total Knee Arthroplasty in Hospital Outpatient Departments (HOPD) and Ambulatory Surgery Centers (ASC).



What is the THA/TKA PRO-PM and why is it being required?

The Center for Medicare and Medicaid Services (CMS) has announced the addition of the Risk-Standardized Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) to both the Hospital Outpatient Prospective Payment System (OPPS) and the Ambulatory Surgical Center (ASC) payment system. This final rule brings the groundbreaking performance measure aimed at measuring improvements in patients' self-reported pain and functional status to the outpatient setting. Through this integration, CMS is encouraging greater collaboration and shared decision-making across the entire healthcare continuum.

What are the eligibility requirements for patient enrollment?



Medicare Enrollment

Patients must be enrolled in Medicare fee-for-service (FFS) and over 65 years old.



Procedure Type

Patients must be undergoing an elective Total Knee or Total Hip Arthroplasty.



Procedure History

Patient must be undergoing their first procedure, revisions and fractures do not qualify.

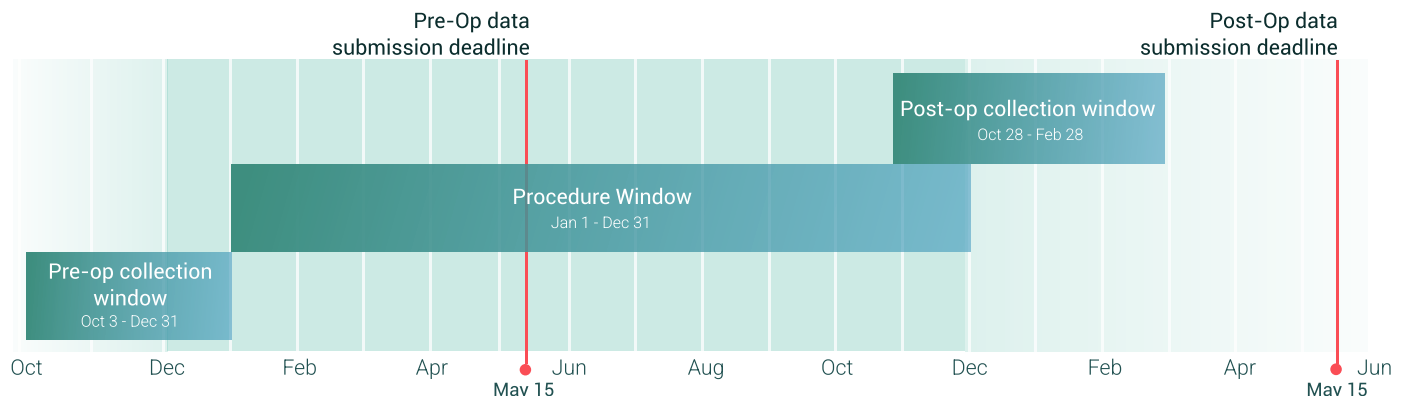


Procedure Location

Procedure must be performed at a Hospital Outpatient Department (HOPD) or an Ambulatory Surgery Center (ASC)

Important Timelines:

There will be three voluntary reporting periods from 2025-2027. Mandatory reporting begins pre-op collection October 2027, impacting payments in the 2031 calendar year. In order to qualify patients for the 2025 reporting cycle, pre-op data must be collected starting on **October 3, 2024**.



Note: Collection windows and submission deadlines occur on the same date annually.

How are patient outcomes tracked?

Outcomes are based on whether patients meet or exceed the substantial clinical benefit (SCB) thresholds outlined in the joint-specific surveys.

HOOS, JR	22 points
KOOS, JR	20 points

2%

Payment Penalty




Facilities may have up to a 2% reduction in payments if they fail to meet outpatient quality reporting requirements

45%

Minimum Patient Reporting

Facilities must report a minimum of 45% of all patients with eligible, complete pre-operative data with matching eligible, post-operative data.

What needs to be collected:

	 PREOPERATIVE DATA ELEMENTS Must be collected between 0-90 days prior to surgery.	 POSTOPERATIVE DATA ELEMENTS Must be collected between 10-14 months post surgery.	
Patient-Reported Outcome Measures	THA Patients: HOOS, JR TKA Patients: KOOS, JR	THA Patients: HOOS, JR TKA Patients: KOOS, JR	✓
Patient or Provider-Reported Risk Variables	Mental Health Subscale Items From Either PROMIS Global or VR-12 Single-Item Health Literacy Screening (SILS2) BMI or Height/Weight Use of Chronic Narcotics Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question	N/A	✓
Matching Variables	Medicare Provider Number MBI Date of Birth Date of Procedure Procedure Type Facility Admission Date	Medicare Provider Number MBI Date of Birth Date of Procedure Procedure Type Facility Admission Date	✓
PROM-Related Variables	Date of PRO Data Collection Mode of Collection Person Completing the Survey Patient-Reported Outcome Measure Version	Date of PRO Data Collection Mode of Collection Person Completing the Survey N/A	✓

Leverage PatientIQ to streamline collection & analysis



Integrate with your EHR

Connect your EMR/EHR to enrich data without disruption to your facility.



Automate Collection

Utilize workflows to collect PROs and comply with new standards.



Structure Data

Eliminate errors and reduce administrative burden.