Survey of Surgeons Confirms Hospital Confusion over Medicare Knee Patient Rules

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Rosemont, IL (PRWEB) October 15, 2018 -- A survey conducted by the American Association of Hip and Knee Surgeons (AAHKS) shows that nearly 60% of surgeon members report their hospitals are interpreting new Medicare rules differently than the Centers for Medicare & Medicaid Services (CMS) intended and possibly to the detriment of some patients.

In November 2017, CMS finalized the 2018 Medicare Outpatient Prospective Payment System rule that removed total knee arthroplasty (TKA) procedures from the Medicare inpatient-only (IPO) list of procedures. At the time, CMS indicated that only a very small percentage of Medicare patients would be expected to receive a knee replacement as an outpatient. Studies have shown that careful patient selection is required for successful outpatient knee replacement surgery. Instead, many hospitals, as documented by the AAHKS survey, are treating all Medicare beneficiaries as outpatients unless the surgeon seeks a special exception. “This may be creating unsafe conditions for patients,” according to a statement released by AAHKS in February. There are a variety of factors relating to a patient’s health and living circumstances that make inpatient surgery the only safe option, especially for the Medicare-aged patient.

Another unintended consequence of the rule change is the application of the so-called “two-midnight rule” created by CMS to address overutilization of hospital services in other areas of medicine. In this scenario, a knee replacement patient who is well enough to be discharged from the hospital after a single overnight stay (less than two midnights) is retroactively classified as an outpatient. This affects the patient’s co-pay responsibilities as well as the ancillary services that are covered by Medicare. “As surgeons we always seek to improve efficiency and quality, but the safety of our patients is foremost. We hope this confusion can be remedied soon to avoid patient harm,” said AAHKS President Craig J. Della Valle, MD.

Since the rule was enacted, AAHKS has been working with CMS to pursue a resolution to this issue. In a letter dated March 21 to CMS Administrator Seema Verma, AAHKS shared our concerns and proposed solutions to this issue.

While the surgeon’s fee is not affected by the new rule, 76% of surgeons report the situation is imposing an administrative burden in their practice. Most importantly, as one respondent wrote, “It doesn't help to provide better care of our patients.”


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About the American Association of Hip and Knee Surgeons
Established in 1991, the mission of AAHKS is to advance hip and knee patient care through education, advocacy and research. AAHKS has a membership of over 4,000 surgeons and other hip and knee health care professionals.
Contact Information
Denise Smith Rodd
American Assn of Hip and Knee Surgeons
http://www.AAHKS.org
+1 (847) 430-5064

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