

THKR-2: POSTOPERATIVE AMBULATION ON DAY OF SURGERY

Description: % of patients who underwent a primary total hip replacement (THR) or total knee replacement (TKR) who ambulated postoperatively on the day of surgery or ambulated in the PACU or within 4 hours of discharge from the PACU.

Timeframe: Day of surgery, in the PACU, or within 4 hours of discharge from the PACU



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DATA ELEMENTS

- Admission Date (IP) or Outpatient Encounter Date (OP)
- Birthdate
- ICD-10-CM Other Diagnosis Codes
- ICD-10-CM Principal Diagnosis Code
- ICD-10-PCS Other Procedure Codes (IP)
- ICD-10-PCS Principal Procedure Code (IP)
- CPT® Code with Modifier (OP)
- ICD-10-PCS Principal Procedure Date (IP) or CPT® Code Procedure Date (OP)
- PACU Discharge Date
- PACU Discharge Time
- Postoperative ICU Admit or Transfer

Y (Yes) = The patient was admitted or transferred to an ICU postoperatively on the day of surgery or the day of discharge from the PACU (if different from the day of surgery).

- Discharge Date (IP) or Outpatient Departure Date (OP)
- Discharge Disposition (IP) or Discharge Code (OP)



6 = Expired

(Excluded if)
Initial Discharge Day I (in days) = 0
Initial Discharge Day II (in days) = 0

7 = Left Against Medical Advice/AMA

(Excluded if)
Initial Discharge Day II (in days) = 0





AAOS AJRR

FIELD NAMES

- AdmitDateTime
- PatDOB
- DX_1-DX_10
- PX_1-PX_10
- ProcedureDate*
- PatDeathDate
- DischargeDateTime*
- DSCHDISPCODE*



20, 41 = Expired

(Excluded if)
DischargeDateTime –
ProcedureDate ≤ 0

07 = Left AMA

(Excluded if)
DischargeDateTime –
ProcedureDate ≤ 0

- Ambulation*

1 = Yes, Ambulation Day of Surgery or 4 hours from PACU discharge

3 = No; other medical factors preventing ambulation (includes the following)

Postoperative ICU Admit Transfer

Documented Contraindication

Crosswalk

NUMERATOR

Patients who underwent THR or TKR who ambulated postoperatively the day of surgery or ambulated in the PACU or within 4 hours of discharge from the PACU.

Ambulation = 1

DENOMINATOR

Patients who underwent THR or TKR (PX_1-PX_10)

EXCLUDED

- Age <18 years old (PatDOB)
- Length of stay >120 days (IP only) (DischargeDateTime – AdmitDateTime)
- Partial hip and partial knee replacements
- Revision and resurfacing procedures
- Removal of implanted devices/prostheses
- Complication of internal fixation device/prosthesis
- Malignant neoplasms
- Fractures (PX_1-PX_10, DX_1-DX_10)

Postoperative patients who are admitted to ICU on Principal Procedure Date or PACU Discharge Date (Ambulation = 3)

Documented contraindication for not ambulating on day of surgery (Ambulation = 3)

Patient expired on Principal Procedure Date/CPT® Code Procedure Date or on PACU Discharge Date (DSCHDISPCODE 20 or 41) **AND** (DischargeDateTime – ProcedureDate ≤ 0)

Patient left AMA on PACU Discharge Date (DSCHDISPCODE 07) **AND** (DischargeDateTime – ProcedureDate ≤ 0)

ADVANCED CERTIFICATION



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• Ambulation

Y (Yes) = There is documentation the patient ambulated during the postoperative period.

(Check Ambulation Date and Ambulation time)

• Ambulation Date



Initial Ambulation Day = 0 days

• Ambulation Time



Initial Ambulation Day > 0 days

AND

Initial Ambulation Time ≤ 4 hours

• Reason for Not Ambulating the Day of Surgery

Y (Yes) = There is documentation of a reason for not ambulating the patient on the day of surgery.

NOTES*

General Notes

- **Only Joint Commission allowable values and AAOS/AJRR field values that are directly mapped are listed.** All other allowable values defined in the Joint Commission Specifications Manual will continue to process through the measure algorithm. All other AAOS/AJRR field values defined in the registry will process through registry logic.
- Please abstract the Advanced Total Hip and Total Knee Replacement (THKR) measures using the version of the Joint Commission Specifications Manual that corresponds to the patient's discharge date. The THKR-2: Postoperative Ambulation on Day of Surgery Data Mapping Resource Guide is aligned with the Joint Commission Specifications Manual, version 2026B. Consequently, some information contained in this resource may not align with earlier versions of the Specifications Manual. This resource will be reviewed and updated as future versions of the Joint Commission Specifications Manual are released. To review the Joint Commission Specification's Manual versions, please visit: <https://manual.jointcommission.org>.
- This resource aligns with the AAOS 2026 Master Data Dictionary (MDD). Therefore, all acceptable values referenced throughout this document reflect the 2026 MDD and may differ from values published in legacy data specifications.

Joint Commission

 Symbol indicates a data element or allowable value includes a calculation component. Refer to the Joint Commission Specifications Manual Measure Algorithm for abstraction.

AAOS/AJRR Notes

 Symbol indicates that field values are processed through registry logic. Registry logic that is directly mapped to the numerator and exclusions are defined.

ProcedureDate: Must be present in order for the AJRR Registry logic to accurately capture exclusions for this measure.

DischargeDateTime: Must be present in order for the AJRR Registry logic to accurately capture exclusions for this measure.

DSCHDISPCODE: Any valid CMS Patient Discharge Status Code (01 – 99). Must be present in order for the AJRR Registry logic to accurately capture exclusions for this measure.

Ambulation:

Select “3” if:

- The patient was admitted or transferred to an ICU postoperatively.
- There is a documented reason for not ambulating the patient.

Bilaterals:

- Only one side from each bilateral pair will be included in the measure calculation, unless both sides are excluded based on other criteria.
- For bilateral procedures, 2 rows of data must be submitted. The procedure dates and the surgeon NPI must be identical.

There are 3 options for submitting data:

- You may use a CPT code with Modifier to indicate that it is a bilateral procedure: then DxLat element must indicate the laterality.
- Secondly, you can submit a CPT code without Modifier: again, the DXLat must indicate laterality.
- If you submit an ICD10 code that specifies laterality: DXLat must match the ICD10 code.

DSCHDISPCODE

20 = Expired

41 = Expired in a medical facility

07 = Left AMA

Ambulation

1 = Yes, Ambulation Day of Surgery or 4 hours from PACU discharge

2 = No Ambulation Day of Surgery or 4 hours from PACU Discharge

3 = No; Other medical factors preventing ambulation

4 = Unknown

9999 = Not Reported