Low-Level Evidence used to Substantiate Insurance Coverage Policies for Knee and Hip Arthroplasty

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INTRODUCTION: In recent years, access to total knee arthroplasty (TKA) or total hip arthroplasty (THA) has become more regulated by commercial healthcare insurance policies that require specific criteria be met prior to authorizing surgery as medically necessary. The purpose of this study was to examine references from coverage policies to assess whether they justify the pre-surgery criteria mandated by insurance providers for approval of TJA in patients with symptomatic knee and hip degenerative disease.

METHODS: The largest private commercial insurance providers in the United States were identified, of which nine had publicly accessible coverage policies for total knee arthroplasty (TKA) or total hip arthroplasty (THA). Coverage criteria for procedural approval and respective references were retrieved. Three coverage criteria were identified: (1) diagnosis of osteoarthritis, 2) nonsurgical treatment (e.g. preoperative physical therapy, nonsteroidal anti-inflammatories, etc.), and 3) exclusion criteria (e.g. BMI thresholds <40). Three reviewers graded references by level of evidence (LOE) and type of reference.

RESULTS: In total, out of 824 references, only 450 (54.6%) references were relevant to primary TKA and THA. Of the 824, 259 (31.4%) contained information pertinent to the diagnosis of osteoarthritis, 84 (10.19%) to nonsurgical treatment, and 107 (12.99%) applied to exclusion criteria. Of the 84 references relevant to nonsurgical treatment, only 16 (19.05%) had a LOE I-III. Among all references related to nonsurgical treatment, only four specifically tested the efficacy of nonoperative modalities, representing 0.49% of all references. However, only one had results that were applicable to the clinical management of end-stage osteoarthritic patients.

DISCUSSION AND CONCLUSION: Current criteria found in prior authorization policies for TKA and THA are unsubstantiated. Insurance companies that implement prior authorization criteria should be held to a standard in which recommendations are grounded in evidence-based medicine. This is currently not the case.