

Insurance-Related Reasons Are the Most Common Cause of Primary Total Joint Arthroplasty Cancellations

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INTRODUCTION:

Total joint arthroplasty (TJA) cancellations carry significant clinical and financial consequences. At our high-volume hip and knee arthroplasty center, we have observed a concerning increase in cancellations, impacting efficiency and patient access. Despite the growing relevance of this issue, there is limited contemporary data focused on cancellation rates within subspecialty arthroplasty practices. Our study aimed to assess the rate, timing, and causes of cancellations in our practice.

METHODS:

We prospectively collected all elective, primary TJA cancellations from a non-academic, arthroplasty subspecialty practice in a Texas metropolitan city. The group comprise of 7 fellowship-trained arthroplasty surgeons and have a dedicated scheduling staff. Cancellation data were prospectively collected at a single affiliated hospital during a 50-day period (April 1st to May 20th, 2025).

RESULTS:

A total of 105 of 584 (17.9%) scheduled primary TJA cases cancelled during this 50-day period. Day-of-surgery cancellations occurred in 16 (15.2%) cases with an average of 5.07 days (\pm 6.29 days, range 0-30 days). Insurance-related issues, including authorization delays and coverage denials, accounted for 38 of 105 cancellations (36.2%), making insurance the most common reason for cancellation. Medical illnesses (20.9%) followed by family circumstances (11.4%) rounded out the top 3 reasons.

DISCUSSION AND CONCLUSION:

In our high-volume practice, nearly 18% of total surgeries scheduled resulted in cancellations in a 50-day window, with insurance-related cancellations (36.2%) representing the majority. These cancellations, particularly when occurring on the day-of-surgery in 15.2% of cases and an average of 5.07 days in-advance of their scheduled date, create significant disruptions to clinical operations and lead to wasteful resource reallocation and ultimately increase direct and indirect costs to all stakeholders (except the insurers). Moreover, these late cancellations delay patient care and worsen a well-documented backlog in TJA. Enhanced preoperative workflows and standardized authorization protocols can reduce preventable cancellations, but surgeons/practices/policymakers should consider societal and financial implications of cancellations due to potentially more insidious reasons, such as insurance-related cancellations.