

## **Preauthorization Requirements Delay Care Without Benefit for Elective Spine Surgery**

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**INTRODUCTION:** As the US healthcare system transitions to value-based care with the goal to reduce costs while maintaining or improving outcomes, the effectiveness of current practices requires continued evaluation. Prior authorization (PA) is a practice third party payors have used with this goal in mind. The purpose of this study is to determine whether additional measures required for PA approvals improve care and decrease costs in Orthopaedic spine patients. Our hypothesis is that additional conservative measures taken in response to PA result in delayed time to surgery and increased costs to the healthcare system.

**METHODS:** Retrospective chart review was performed for patients diagnosed and indicated for surgery by a board-certified orthopaedic spine surgeon and were denied PA between January 2021 and December 2024. Subjects considered eligible were diagnosed with a degenerative lumbar or cervical spine condition, 18 years or older, possessed health insurance, had documentation of conservative care treatments, and were compliant with clinical follow-up after initial surgery consultation. The conditions for denial, steps required for resolution, date of insurance approval, and whether surgery occurred were examined.

**RESULTS:** 7,071 surgical PA requests were identified, of which 460/7,071 (6.5%) were denials. 374/460 (81.3%) patients inevitably underwent surgery with 375/460 (81.5%) patients eventually receiving insurance approval (Figure 1). The average number of days from initial PA denial to approval was 15.7 days with a standard deviation of 33 days. The most denied procedures were standalone lumbar decompression (15.4%) and lumbar decompression with instrumented fusion (27.8%). Demographics and specific outcomes of each request are provided in Table 1.

### **DISCUSSION AND CONCLUSION:**

With healthcare expenditure continuing to rise at approximately 5.6% per year, the importance of implementing value-based care cannot be understated. Payors denying PAs in lieu of continued conservative care for patients who eventually go on to have the indicated surgery not only adds unnecessary cost to the healthcare system but prolongs potential benefits from surgical patients.