

Delays in Insurance Authorization for Post-Acute Care Following Total Joint Arthroplasty

Rebecca Landau, Gilberto Lobaton, Hannah Alice Mosher, Rachel Rumana, Aaron Sayre Cohen, Natalia Cruz-Ossa, Michele R D'Apuzzo, Victor H Hernandez

INTRODUCTION: Despite a growing trend toward outpatient total joint arthroplasty (TJA), many patients undergoing total hip arthroplasty (THA) or total knee arthroplasty (TKA) require post-acute care (PAC) at skilled nursing facilities or rehabilitation centers. Insurance authorization for PAC often presents a significant challenge, leading to delayed discharge, impacting hospital length of stay (LOS) and patient flow. This study examines demographic and payer-related factors associated with insurance authorization delays and PAC facility approval following TJA.

METHODS: A retrospective chart review was conducted for patients undergoing THA or TKA at a single academic institution from 2019 to 2023. Data included demographics, insurance type, total hospital length of stay (LOS), time from medical clearance to discharge, timing of insurance authorization, and PAC facility approval. Reasons for authorization denial and number of facility referrals attempted were also recorded. Statistical analysis was conducted to identify associations between patient characteristics and discharge delays.

RESULTS: Among 1,739 TJA patients, 153 (8.8 %) required PAC. There was no significant difference in delays between THA and TKA patients. Private insurance patients experienced longer delays in both insurance authorization (2.73 vs. 1.17 days) and PAC facility approval (2.16 vs. 1.50 days) compared to public insurance ($p < 0.001$). These delays were associated with prolonged median LOS: 5 days for privately insured patients (IQR: 4–7) vs. 4 days for Medicare patients (IQR: 2.5–5.5; $p < 0.01$). Black patients were three times more likely to experience discharge delays exceeding three days compared to White patients ($p < 0.001$).

DISCUSSION AND CONCLUSION: Insurance-related delays in PAC authorization following TJA disproportionately affect patients with private insurance and Black patients, leading to longer hospital stays and potential disparities in care. Streamlining authorization processes and addressing equity gaps are essential to reduce unnecessary LOS, improve hospital throughput, and promote fair access to PAC resources.