

Prior Authorization is Burdensome for Total Joint Arthroplasty Surgeons: A Survey of the American Association of Hip and Knee Surgeons Membership

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INTRODUCTION:

The purpose of this study is to survey the impact that prior authorization has on the practices of total joint arthroplasty (TJA) surgeon members of the American Association of Hip and Knee Surgeons (AAHKS).

METHODS: A 24-question survey was approved by the AAHKS Advocacy Committee and distributed to all 2,802 board-certified adult reconstruction members of AAHKS in March 2022.

RESULTS: There were 353 responses (13%). Ninety-five percent of surgeons noted an increase in prior authorization over the past five years. A majority (71%, 249) of practices employ at least one staff member to exclusively work on prior authorization a mean of 15 hours/week (range 1-125) for a mean of 18 prior authorization claims/week (range, 1-250). Surgery approval (99%), diagnostic imaging (94%), and prescription medications (69%) were the most common reasons for prior authorization. Surgeries were most commonly denied because conservative treatment had not been tried (71%) or had not been attempted for enough time (67%). However, a majority (57%) of authorizations rarely/never changed the treatment provided. Most (56%) indicated that prior authorization rarely/never followed evidence-based guidelines. Prior authorization was very burdensome (93%) and negatively impacted clinical outcomes (87%) leading to delays to access care (96%) at least sometimes.

DISCUSSION AND CONCLUSION: Prior authorization is burdensome for TJA surgeons and results in negative clinical outcomes including delaying access to care. Prior authorization has increased in the past 5 years resulting in high administrative burden. Denials were common for TJA surgeries, with the insurer claiming that certain nonoperative treatments were not attempted or not attempted for enough time. Most requests did not cite evidence-based guidelines supporting their decision and most often did not lead to changes in treatment. Prior authorization is detrimental to high value care by generating high physician and patient burden and low cost-effectiveness in TJA.