

Femoroacetabular Impingement Insurance Coverage Trends in Recent Years: A Cohort Based Analysis

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OBJECTIVES

The diagnostic criteria for surgical indication of femoroacetabular impingement (FAI) remain controversial. With a growing body of literature investigating the quality of these criteria, little is known about the direction that these have had on changes of third-party policies. The purpose of this study was to measure how these changes in policy would affect the exclusion of a cohort of previously identified FAI patients who were treated operatively.

METHODS

A large multicenter cohort of patients undergoing primary surgical treatment of FAI (712 hips) was utilized for current study. Four common insurance companies' coverage policies with specific criteria for the surgical treatment of FAI were applied to this population at two time points, 2012 and 2018, to determine whether these third-party payer criteria for FAI surgery were met. The policies listed various combinations of age, symptom duration, positive impingement test, radiographic osteoarthritis, radiographic sign of CAM and/or pincer impingement, and physical exam findings.

RESULTS

The cohort of 712 hips included 324 men [45.5%] and 388 females [54.5%] with a mean age of 28.7 years.

In 2012, the average percent exclusion of the four companies was 21.9%, this number decreased to 20.6% overall in 2018 (**Figure 1**).

- The most likely reason to be excluded was found to be failure to meet alpha angle criteria on imaging. (N=110, 15.4%)
- The second most likely failed characteristic was a negative impingement test (65 patients excluded, 9.1%).
- Several insurance companies continue to utilize Outerbridge criteria for cartilage lesions which cannot be assessed preoperatively.
- Insurance D was the only company to make their criteria more exclusive, both on imaging as physical exam. (**Figure 2**)

CONCLUSION

Insurance companies vary significantly in their criteria for approval of surgical treatment of FAI. Our study shows that with a six-year span of growing literature and updated policies, nearly 1 in 5 patients deemed to need surgical intervention by experienced hip preservation surgeons would still be denied coverage. There is a need for continued improvement of consensus regarding the diagnosis of FAI and appropriate indications for surgical intervention based on the available literature.

Identifier	Insurance Company	Rejection Percentage	
		Based on 2012 Policy	Based on 2018 Policy
A	Aetna	30.1%	25.7%
B	United*	17.8%	17.8%
C	Blue Cross Blue Shield	21.9%	21.1%
D	Cigna**	17.8%	20.6% 14.9%
	Average	21.9%	20.6%

Figure 1: A comparison of rejection percentage from established FAI cohort that would be rejected from 2012 to 2018 based on changes to policy.

*United policy criteria did not change from 2012 – 2018

**2018 policy for Cigna included restricted internal rotation (can be defined by 20 & 30 degrees respectively)

		2012 Criteria	2018 Criteria
Aetna	Age	18-50 years	≥ 15 years old
	Symptom Duration	> 6 months	> 6 months
	Tönnis Grade	0 or 1	0 or 1
	Positive Impingement Sign	Yes	Yes
	Alpha angle and/or acetabular retroversion	AA > 50°	AA > 50°
	Joint Space	≥ 2 mm	≥ 2 mm
United	Tönnis Grade	0 or 1	0 or 1
	Positive Impingement Sign	Yes	Yes
	Alpha angle and/or acetabular retroversion	AA > 50°	AA > 50°
Blue Cross Blue Shield	Age	15-55 years	≥ 15 years old
	Symptom Duration	> 3 months	> 3 months
	Tönnis Grade	0 or 1	0 or 1
	Positive Impingement Sign	Yes	Yes
	Alpha angle and/or acetabular retroversion	AA > 50°	AA > 50°
	Joint Space	≥ 2 mm	≥ 2 mm
Cigna	Tönnis Grade	0 or 1	0 or 1
	Positive Impingement Sign	Yes	Yes
	Alpha angle and/or acetabular retroversion	AA > 50°	AA > 55°
	Restricted Internal Rotation	-	Yes

Figure 2: 3rd Party-Payer inclusion criteria of four major insurance companies compared from 2012 to 2018 to show major adaptations over time.