



Introduction

- Within the last decade, Medicare Part B reimbursements for various surgical procedures have been declining, while healthcare expenses continue to increase
- As a result, hospitals may increase service charges to offset losses in revenue
- These upcharges may need not be reimbursed by Medicare and disproportionately affect underinsured/uninsured patients

Objectives

- Our analysis aimed to characterize Medicare Part B billing trends across 19 common vascular surgical procedures.

Methods

Database: 2017-2021 Medicare Physician and Other Practitioners by Provider and Service dataset (Centers for Medicare & Medicaid Services) queried for 19 common vascular and endovascular procedures

Variables: Submitted charge and Medicare Part B reimbursements were extracted from the database

Setting: Data stratified by location of service (facility v. non-facility)

Inflation: All monetary values were adjusted to the 2021 US dollar

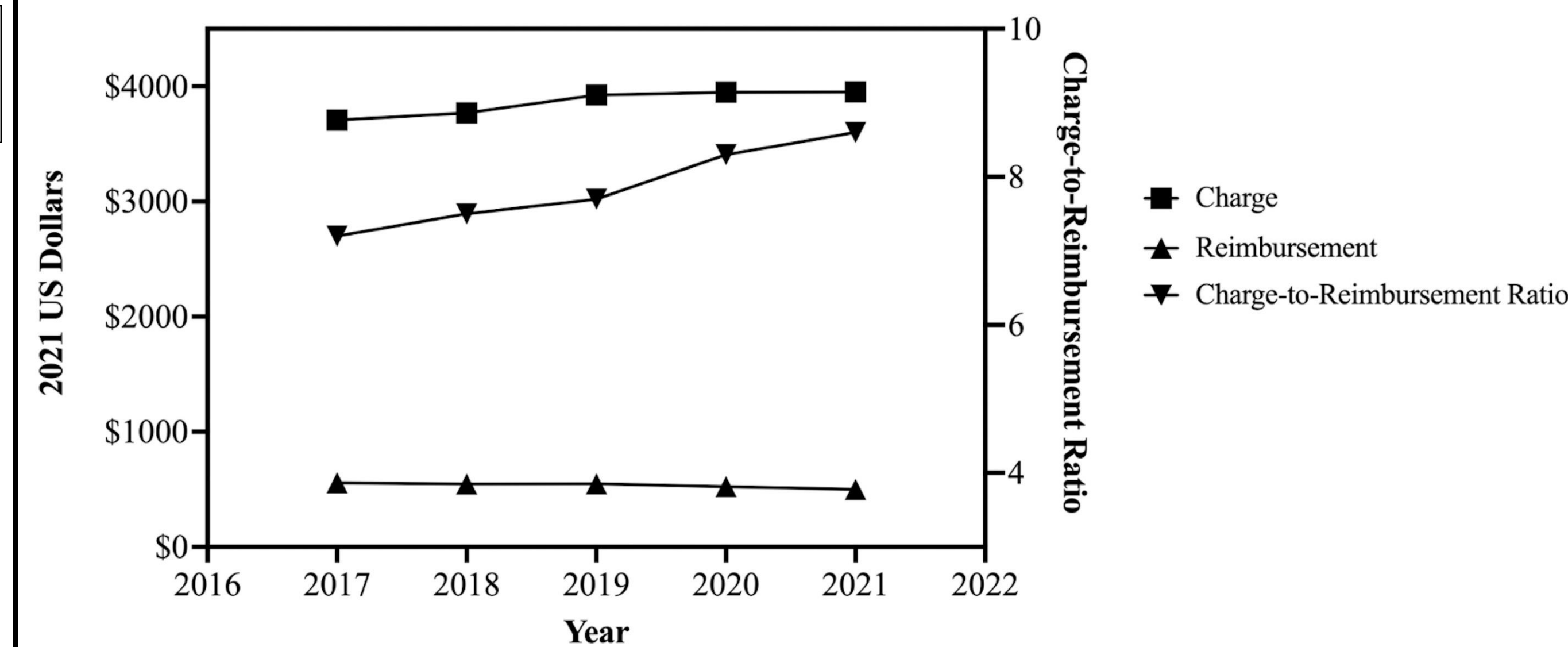
$$\text{Charge to reimbursement ratio (CRR)} = \frac{\text{Adjusted Charge (\$)}}{\text{Adjusted Reimbursement (\$)}}$$

Results

Procedures

Arterial: Carotid endarterectomy, common femoral endarterectomy, iliac PTA, iliac stent, fem-pop PTA, fem-pop atherectomy, fem-pop stent, tibial PTA, tibial atherectomy
Venous: Stab phlebectomy, venous stent, endovenous ablation
Dialysis: AVF creation, AVG
Amputation: Above-knee and below knee amputation (AKA/BKA)
Line: Tunneled dialysis catheter, Port-a-cath placement

Facility Results



Reimbursement:

- Overall: -10.4%
- Declined for 16 out of 19 procedures

Charge:

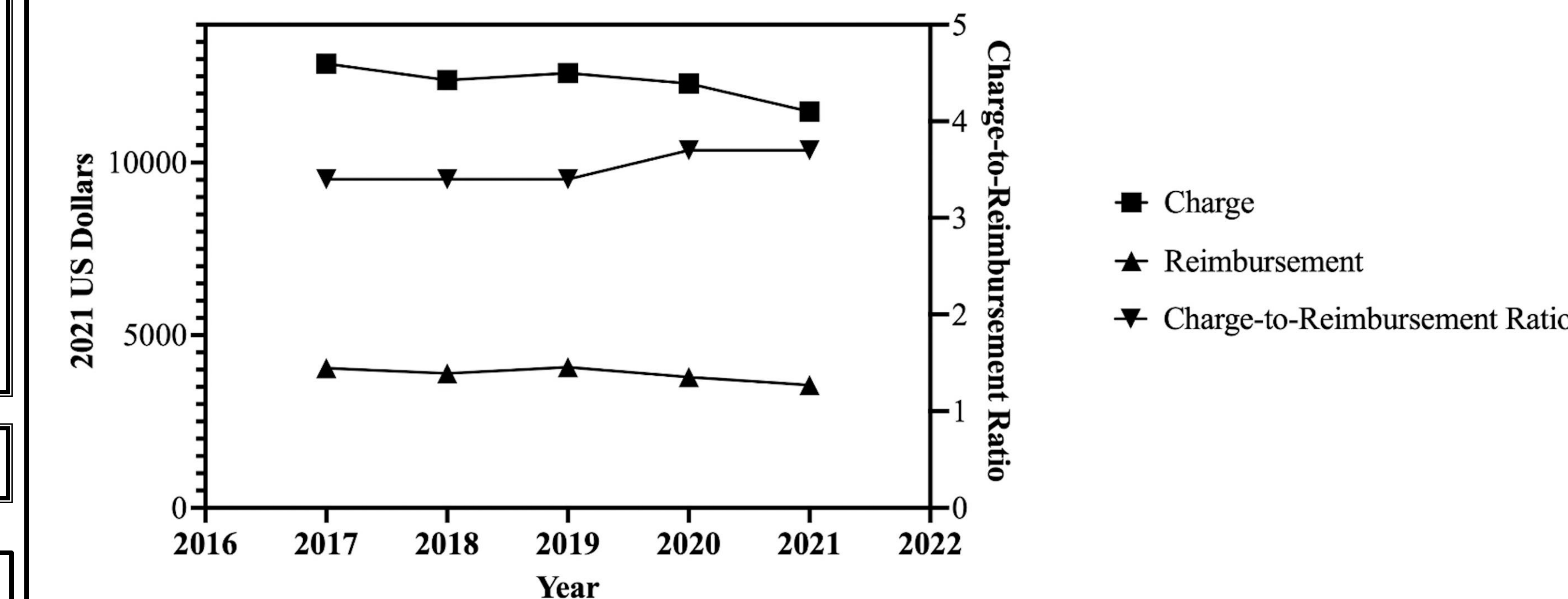
- Overall: +6.6%
- Increased for 11 out of 19 procedures

CRR:

- Overall: +18.4% (CRR 7.2 to 8.6)
- Stab phlebectomy, fem-pop stent, iliac PTA

Results

Non-Facility Results



Reimbursement:

- Overall: -12.2%
- Declined for 10 out of 13 procedures

Charge:

- Overall: -10.8%
- Decreased for 12 out of 13 procedures

CRR:

- Overall: +8.1% (CRR 3.4 to 3.7)
- Stab phlebectomy, fem-pop atherectomy, endovenous ablation

Conclusion

- Medicare Part B billing trends demonstrate the continued decrease in overall reimbursements for vascular and endovascular procedures
- Procedures performed in facility settings had both charge and CRR increases
- Charges of procedures performed in non-facility settings were more resistant to charge markups
- Increasing markups may not be reimbursed and may pose additional barriers to care for patients