

Medicare payment patterns examined for hip fracture surgery

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Reimbursement for hospital charges is increasing faster than payments

for surgeons performing hip fracture surgeries on Medicare beneficiaries, according to a study published online March 9 in the *Journal of Orthopaedic Trauma*.

Dennis Q. Chen, M.D., from the University of Virginia Health System in Charlottesville, and colleagues evaluated trends and variations in hospital charges and payments relative to surgeon charges and payments for surgical treatment of hip fractures in the U.S. Medicare population (2005 to 2014). Data were pulled from the 5 Percent Medicare Standard Analytic Files.

The researchers identified 3,028 patients who underwent closed reduction and percutaneous pinning (CRPP) and 25,341 patients who underwent open reduction internal fixation (ORIF) or intramedullary nail (IMN). During the study period, the ratio of hospital to surgeon charges (charge multiplier [CM]) for CRPP increased from 10.1 to 15.6, while the CM for ORIF/IMN increased from 11.9 to 17.2. The ratio of hospital to surgeon payments (payment multiplier) for CRPP increased from 15.1 to 19.2; the ratio increased from 11.5 to 17.4 for ORIF/IMN.

"This current study demonstrates that surgeon reimbursement relative to [hospital](#) reimbursement is continually decreasing while the total charges in treating a patient with a hip fracture paradoxically [increase]," the authors write. "Identifying and rectifying the sources of increased [hospital charges](#)—rather than continually minimizing surgeon reimbursement—will be tantamount to minimizing the financial burden of hip fractures on the [health care system](#) while continuing to deliver effective and efficient patient care in the coming years."

One author disclosed financial ties to the health technology industry and one disclosed ties to the medical device industry.

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