

# Gender-based variation seen in Medicare reimbursement for surgery

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Considerable gender-based variation is seen in practice patterns and reimbursement among different surgical subspecialties serving the Medicare population, according to a study [published](#) online July 24 in

*JAMA Surgery.*

Muhammad Musaab Munir, M.D., from The Ohio State University Wexner Medical Center in Columbus, and colleagues examined variations in practice metrics and billing practices among female and male surgeons in a retrospective cross-sectional study using publicly available Medicare Fee-for-Service Provider Utilization and Payment data.

The analysis included 20,549 [general surgeons](#) (24.5 percent female and 75.5 percent male), 1,065 surgical oncologists (42.3 percent female and 57.7 percent male), and 1,601 colorectal surgeons (27.0 percent female and 73.0 percent male).

The researchers found that female surgeons billed fewer mean Medicare charges across all subspecialties (30.1, 27.5, and 21.7 percent difference for general surgeons, surgical oncologists, and colorectal surgeons, respectively), and they received significantly lower mean reimbursements (29.0, 23.6, and 24.5 percent difference for general surgeons, surgical oncologists, and colorectal surgeons, respectively).

A reimbursement gap remained across all three subspecialties on multivariable analysis (−\$14,963.46, −\$8,354.69, and −\$4,346.73 for general surgeons, surgical oncologists, and colorectal surgeons, respectively).

"These data suggest that gender-based disparities in surgeon practices, billing, and revenue persist," the authors write.

"To improve gender-based equity in reimbursements, continued efforts are needed to optimize billing and coding practices that maximize accurate compensation and ensure a level playing field for women surgeons to build their [clinical practice](#)."

**More information:** Muhammad Musaab Munir et al, Gender-Based Variations in Medicare Reimbursements Among Different Surgical Subspecialties, *JAMA Surgery* (2024). [DOI: 10.1001/jamasurg.2024.2298](https://doi.org/10.1001/jamasurg.2024.2298)

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