Medicare spine surgery payments vary widely

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Image courtesy of Blausen Medical

(HealthDay)—There is wide variation in Medicare payments for episodes of spine surgery across hospitals, according to a study published in the Dec. 1 issue of *The Spine Journal*.

Andrew J. Schoenfeld, M.D., from University of Michigan in Ann Arbor, and colleagues analyzed payment data for patients in the national fee-for-service Medicare population undergoing surgery (185,954 episodes) for three conditions: spinal stenosis, spondylolisthesis, and lumbar disc herniation.

The researchers found that episode payments for hospitals in the highest quintile were more than twice as high as those made to hospitals in the lowest quintile ($34,171 versus $15,997). The total episode payments to hospitals in the highest quintile remained $9,210 (47 percent) higher even after risk- and price-adjustment. A major determinant of the total episode payment was procedure choice, including the use of fusion.

Hospitals in the highest quintile continued to be 28 percent more expensive than those in the lowest, when adjusting for procedure choice. Most of the residual variation in payments across hospitals was accounted for by differences in use of post-acute care.

"Hospitals expensive for one condition were also found to be expensive for services provided for other spinal diagnoses," the authors write.

More information: Abstract
Full Text (subscription or payment may be required)

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