

Commercial health insurance

Previous studies have characterized utilization rates and cost of [adult spinal deformity surgery](#), but the differences between these factors in commercially insured and Medicare populations are not well studied.

Objective: To identify predictors of increased payments for ASD surgery in commercially insured and Medicare populations.

Methods: We identified adult patients who underwent fusion for ASD, 2007 to 2015, in 20% Medicare inpatient file (n = 21 614) and MarketScan commercial insurance database (n = 38 789). Patient age, sex, race, insurance type, geographical region, Charlson Comorbidity Index, and length of stay were collected. Outcomes included predictors of increased payments, surgical utilization rates, total cost (calculated using Medicare charges and hospital-specific charge-to-cost ratios), and total Medicare and commercial payments for ASD.

Results: Rates of fusion increased from 9.0 to 8.4 per 10 000 in 2007 to 20.7 and 18.2 per 10 000 in 2015 in commercial and Medicare populations, respectively. The Medicare median total charges increased from \$88 106 to \$144 367 (compound annual growth rate, CAGR: 5.6%), and the median total cost increased from \$31 846 to \$39 852 (CAGR: 2.5%). Commercial median total payments increased from \$58 164 in 2007 to \$64 634 in 2015 (CAGR: 1.2%) while Medicare median total payments decreased from \$31 415 in 2007 to \$25 959 in 2015 (CAGR: -2.1%). The Northeast and Western regions were associated with higher payments in both populations, but there is substantial state-level variation.

Conclusion: Rate of ASD surgery increased from 2007 to 2015 among commercial and Medicare beneficiaries. Despite increasing costs, Medicare payments decreased. Age, length of stay, and BMP usage were associated with increased payments for ASD surgery in both populations ¹⁾.

¹⁾

Wadhwa H, Leung C, Sklar M, Ames CP, Veeravagu A, Desai A, Ratliff J, Zygourakis CC. Utilization Trends, Cost, and Payments for Adult Spinal Deformity Surgery in Commercial and Medicare-Insured Populations. *Neurosurgery*. 2022 Sep 19. doi: 10.1227/neu.0000000000002140. Epub ahead of print. PMID: 36136402.

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Last update: **2024/06/07 02:55**

