

# Orthopaedics or Plastics: Does Primary Surgical Specialty Have a “Hand” in Medicare Reimbursement?

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## Objective

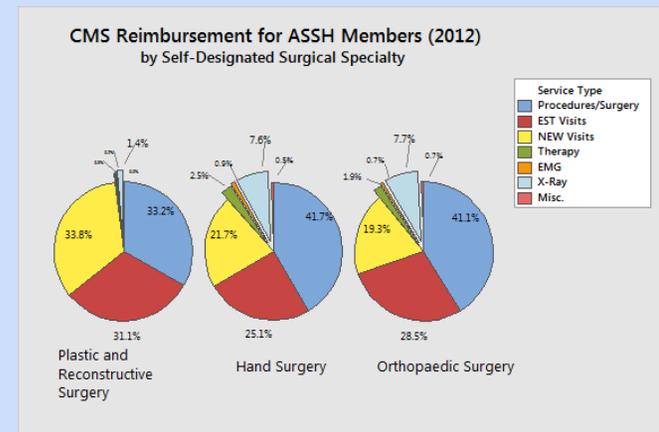
- To examine the relationship between hand surgeons' self-designated primary surgical specialty and their reimbursement from Medicare.

## Methods

- Members with active ASSH membership in 2012 were matched to provider information from the United States Centers for Medicare and Medicaid Services (CMS) database
- Only included ASSH Members who self-designated their primary specialty as:
  - Orthopaedic Surgery
  - Plastic and Reconstructive Surgery
  - Hand Surgery
  - \*\*Random 10% sample of those who self-designated their primary specialty as Hand Surgery were queried using internet search engines to determine their training background
- Billable codes categorized into the following:
  - Procedures/Surgery
  - Established patient visits
  - New Patient Visits
  - Therapy
  - EMG
  - X-Ray
  - Miscellaneous
- Average reimbursements were compared between specialists using ANOVA analysis for each service provided.

## Results

- 1,660 ASSH members satisfied inclusion
  - 764 Orthopaedic Surgery (OS)
  - 182 Plastic and Reconstructive Surgery (PRS)
  - 714 Hand Surgery (HS)
- \*\* Random sample of 72 designated HS composed of 94% orthopaedic surgeons
- PRS received substantially less total CMS Reimbursement per surgeon (\$32,477) compared to OS (\$72,530) and HS (\$72,021);  $P < 0.0001$ .
- Ancillary services:** PRS received significantly smaller percentage of their total reimbursement from **radiographs (PRS 1.4%, HS 7.6%, OS 7.7%,  $p < 0.0001$ ), therapy (PRS 0.3%, HS 2.5%, OS 1.9%,  $p < 0.0001$ ), and nerve testing (PRS 0.2%, HS 0.9%, OS 0.7%,  $p < 0.001$ ).**
- Office visits:** PRS received greatest proportion of reimbursement from office visits for both **New (PRS 33.8%, HS 21.7%, OS 19.3%,  $p < 0.0001$ ) and Established (PRS 31.1%, HS 25.1%, OS 28.5%,  $p < 0.0001$ ).**
- HS and OS had similar percentage of reimbursement from all surgical and in-office procedures (HS 41.7% vs. OS 41.1%) while PRS had a significantly lower proportion at 33.2% ( $p < 0.0001$ ).
- For the most commonly billed surgical procedure, open carpal tunnel release (CPT 64721), PRS had significantly less total reimbursement (\$7,249 vs. HS \$11,046, OS \$10,848,  $p < 0.0001$ ), although average payment per surgery was not significantly different between the three groups.



## Conclusions

- Plastic surgeons receive substantially less overall per-surgeon CMS reimbursement than other ASSH members
- However, per-procedure rates appear similar across all groups.
- Plastic surgeons receive nearly 2/3 of their total CMS reimbursement from office visits
- Orthopaedic and hand surgeons receive over 5x the proportion of CMS reimbursement from ancillary services than PRS
- ASSH members self-designated as Hand Surgeons are predominately from and orthopaedic surgery background, and there is very little variation in CMS reimbursement between the self-designated HS and OS groups.