

Surprise Billing following Rotator Cuff Repair and Its Effect on Patient Satisfaction

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INTRODUCTION:

Patients often receive multiple bills following surgery ranging from profession services, facility fees, and implant related costs to durable medical equipment and therapy, which may be in-network or out-of-network. These medical bills may come as a surprise to the patient if they are not appropriately informed or educated prior to surgery. The purpose of this study was to identify whether surprise billing occurs following rotator cuff repair and its effect on patient satisfaction.

METHODS: The study surveyed patients, over the age of 18, who underwent elective rotator cuff repair at a single institution from January 2020 to October 2021. Patients were excluded if they were within the 6-month postoperative period and outside the 2-year postoperative period to ensure all surgical bills would be received and still guarantee patient could recall details of their procedure and its associated charges. Patients were asked if they received unexpected bills after their surgery along with details regarding those bills including amount, source, if they paid these bills, and the effect of these bills on their financial situation. Then patients were asked about their knowledge of the billing process prior to surgery and how the process could be improved. Finally, patients were asked how these bills and the overall billing process affected their surgical satisfaction. Patients' insurance also was analyzed.

RESULTS:

Of the 132 responses, 25% stated they received some form of surprise billing following their rotator cuff surgery, with 56% of these bill(s) greater than \$1,000 and 3% being greater than \$5,000. Of the 34 patients who received surprise bill(s), 44% reported they received a bill in error and 83% of these patients did not end up paying these bill(s). Patients who received these surprise bills reported significantly decreased satisfaction with their surgical experience. Furthermore, these patients were significantly less informed about the billing process prior to surgery and 37% of respondents felt their surgeon was responsible for informing them about the billing process.

DISCUSSION AND CONCLUSION:

One in four patients undergoing elective rotator cuff repair received some form of surprise bill following surgery. These bills were both monetarily substantial and significantly affected surgical satisfaction. Furthermore, a majority of these surprise bill(s) ended up not needing to be paid and thus, to the surgeon, may represent an unproductive tax to a patient's surgical satisfaction. Although surgeons may not be able to limit the amount of bills patients receive postoperatively, increased communication and education regarding the perioperative billing process may prove to be beneficial for both patient satisfaction and the doctor-patient relationship.