Performing Sports Medicine Procedures in Ambulatory Surgery Centers is More Cost Effective than Hospital Outpatient Departments for Medicare Recipients

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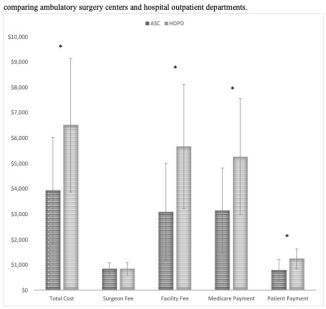
INTRODUCTION: Given their potential for cost savings and high-quality care, ambulatory surgery centers (ASCs) and hospital outpatient departments (HOPDs) have increased in prevalence. Scant data exists on cost comparison for sports medicine procedures between these two facility types.

METHODS: Publicly available data from The Centers for Medicare & Medicaid Services (CMS) was accessed via the Medicare Procedure Price Lookup Tool. Current Procedural Terminology (CPT) codes were used to identify sports medicine procedures approved for the outpatient setting by CMS. Procedures were grouped into shoulder, knee, and hip. Facility fees, surgeon fees, total costs, Medicare payment, and patient payment (costs not covered by Medicare) were extracted. Descriptive statistics were used to calculate means and standard deviations. Cost differences were analyzed using Mann Whitney U tests.

RESULTS: Sixty-two CPT codes were identified. Shoulder procedures (n=25) at ASCs had lower total costs (3,622±1,156 vs. 6,262±1,759; p<0.001), facility fees (2,777±1,020 vs. 5,416±1,606; p<0.001), Medicare payments (2,898±928 vs. 5,009±1,407 p<0.001), and patient payments (724±232 vs. 1,252±352; p<0.001) compared to HOPDs. Knee procedures (n=31) at ASCs had lower total costs (4,236±2,741 vs. 6,668±3,341; p=0.006), facility fees (3,408±2,507 vs. 5,840±3,116; p=0.006), Medicare payments (3,389±2,193 vs. 5,458±2,955; p=0.006), and patient payments (847±548 vs. 1,209±429; p=0.011). Hip procedures (n=6) at ASCs had lower total costs (3,583±698 vs. 6,671±1,451; p=0.025), facility fees (2,725±6689 vs. 5,813±1,431; p=0.025), Medicare payments (2,866±558 vs. 5,336±1,161; p=0.025), and patient payments (716±139 vs. 1,333±290; p=0.025).

DISCUSSION AND CONCLUSION: Sports medicine procedures performed at ASCs for Medicare recipients were found to have overall average total cost savings of 40% compared to those performed at HOPDs (42% savings for shoulder, 36% for knee, and 46% for hip procedures). ASC use conferred lower facility fees, patient payments, and Medicare payments in all cohorts.

Figure 1: cost breakdown for the combined sports medicine cohort (shoulder, knee, and hip), comparing ambulatory surgery centers and hospital outpatient departments.



ASC = ambulatory surgery center, HOPD = hospital outpatient department
* = p<0.05