## Medicaid Reimbursement for 20 Commonly-Billed Orthopedic Sports Medicine Procedures was 14.9% less than Medicare

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INTRODUCTION: While Medicare reimbursement for orthopedic sports medicine procedures is known to be decreasing, little is known on the state of Medicaid reimbursement nationwide. This study compares Medicaid and Medicare rates for the 20 most commonly billed sports medicine procedures.

METHODS: Medicaid rates were obtained from state-specific fee schedules, while Medicare rates were collected from the Centers for Medicare & Medicaid Services physician fee schedule along with relative value units for each procedure. State rates were compared using averages and dollar differences. The rates were also adjusted for cost-of-living using the Medicare Wage Index. Variability between states and between procedures was assessed using coefficients of variation.

RESULTS: Medicaid mean reimbursement was lower for 19 of the 20 procedures. In total, Medicaid reimbursed surgeons 12.5% less than Medicare and 23.1% less when adjusted for cost-of-living. Variation in Medicare rates between states was constant with a coefficient of variation of 0.06. For Medicaid, the coefficient of variation ranged from 0.27-0.68 for unadjusted data and 0.37-0.69 for adjusted data.

DISCUSSION AND CONCLUSION: On average, Medicaid reimburses less to orthopedic sports medicine specialists compared to Medicare with substantial variability between states. Adjustment for cost-of-living increases the percent difference and the variability between states' Medicaid reimbursement rates.



CPT Code	Procedure Name	Work RVU's
29527	Arthroscopy, shoulder, surgicult, with rotator cuff repair	15.6
29826	Arthroscopy, shoulder, segical, decompression of subacromial space with partial acrominglasty, with or without conscourant release	3.0
29991	Arthroscopy, knee, surgical; with meniscentrary (medial OR lateral, including any meniscal charring)	7.0
29824	Arthroscopy, shoulder, surgical, distal clariculectomy including distal articular surface (Mondred)	9.0
29990	Arthroscopy, knee, surgical; with meniscentrary (medial AND lateral, including any meniscal sharing	7.4
29828	Treatment for arthroscopic surgical biceps tesodesis	13.2
23430	Tenadesis of long tendon of biceps	10.2
23412	Repair of ruptured musculotendinous cuff (eg. sotator cuff), open; chronic	11.9
29579	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary)	9.0
23120	Claricelectomy; perial	7,4
28485	Open treatment of metatarnal fracture, with or without internal or external fixation, each	7,4
27654	Repair, secondary, Achilles tendon, with or without graft	10.5
23410	Repair of ruptured musculotendinous cuff (eg. sotator cuff), open; acute	11.4
27696	Repair, secondary, disrupted ligament, ankle, collateral (eg. Watson-Jones procedure)	9.6
27650	Repair, primary, open or percutaseous, raptured Achilles tendon	9.2
29977	Arthroscopy, knee, surgical; debridement sharing of articular cartilage (chondroplasty)	\$3
29573	Arthroscopy, knee, surgical; with lateral release	6.2
29907	Arthroscopy, shoulder, respiral; repair of SLAP lesion	14.7
23440	Resection or transplantation of long tendon of biceps	10.6
27695	Repair, primary, disrupted ligament, askie; collateral	6.7



