

A Geographic and State Analysis of Medicaid Reimbursement for Over 200 Orthopedic Current Procedural Codes

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INTRODUCTION: Little research exists regarding geographic comparisons within the United States for Medicaid reimbursement. We compared Medicaid reimbursement for a broad range of orthopedic surgery procedure codes from each state on a geographic and state level.

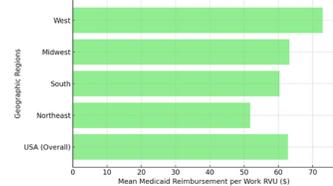
METHODS: We obtained Medicaid reimbursement rates in each state for 211 orthopedic procedure codes along with corresponding work Relative Value Units (wRVUs). Rates were divided by wRVUs control for differences between procedures and subspecialties. States were designated geographically as either West, Midwest, South, or Northeast. Kruskal-Wallis tests with Dunn's post-hoc analyses ascertained differences between regions and each orthopedic subspecialty by state. Coefficient of variation (CoV) values were calculated to measure the amount of variability in rates. State wRVU-adjusted rates were compared and numerous variables were sampled using linear regression models to assess for fit. A Kruskal-Wallis with Dunn's post-hoc test assessed differences in quartiles for reimbursement compared to a square miles per orthopedic surgeon (miles²/surgeon) ratio.

RESULTS: The West region reimbursed the highest at \$72.92/wRVU and the Northeast reimbursed the lowest at \$51.78 (Figure 1). Figure 2 shows displays Medicaid reimbursement by state as a heatmap. Hand surgery was the highest reimbursing subspecialty (\$94.58/wRVU) and Oncology the lowest (\$62.89/wRVU) (Figure 3). The CoV ranged from 0.15-0.77 by state and 0.27-0.50 by subspecialty. A linear regression model between wRVU-adjusted Medicaid reimbursement and mile²/surgeon yielded an R² value of 0.453. States with the most land area relative to orthopedic surgeons reimbursed significantly higher than quartiles with less land area relative to surgeons.

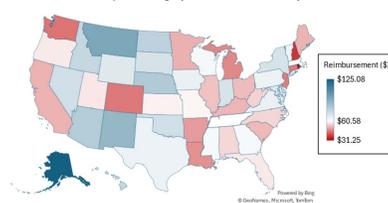
DISCUSSION AND CONCLUSION:

The West geographic region is associated with the highest Medicaid reimbursement for orthopedic procedures, and the Northeast the lowest. Wide variability was seen in rates, both between states and within states. Large, sparsely-populated states may increase Medicaid reimbursement as a tactic to attract more physicians. Surgeons and policymakers should advocate reimbursement in all states that is fair and encourages broad access to orthopedic care for Medicaid beneficiaries.

Comparison of Mean Medicaid Reimbursement per Work RVU by Geographic Region



Average wRVU-adjusted Medicaid Reimbursement for all Orthopedic Surgery Procedure Codes, by State



Comparison of Mean Medicaid Reimbursement per Work RVU for Orthopedic Surgery and Subspecialties

