

Surgeon Attitudes Toward Medicare Reimbursement for Elective Total Joint Arthroplasty

Paul G. Mastrokostas, Graham Christian Sabo, Brocha Stern, Brett Hayden, Calin Stefan Moucha, Darwin D Chen

INTRODUCTION:

As Medicare reimbursement rates for elective total joint arthroplasty (TJA) decline, concerns have grown regarding surgeon participation and its implications for patient access. This study aimed to evaluate surgeon perceptions of Medicare reimbursement and identify practice-level factors associated with willingness to accept Medicare patients.

METHODS:

A national survey was distributed to over 2,000 adult reconstructive surgeons identified through the American Association of Hip and Knee Surgeons (AAHKS) registry and Doximity from January to February 2025. The questionnaire assessed demographics, Medicare participation, perceptions of reimbursement fairness, practice impact, and advocacy attitudes. Descriptive statistics summarized responses, and inferential analyses were performed using chi-square and Kruskal-Wallis tests. A P value < 0.05 was considered statistically significant.

RESULTS:

Among 213 respondents, 84.5% were fellowship-trained, 55.4% worked in private practice, and 50.2% performed over 400 elective TJA cases annually. Most surgeons (96.2%) currently accept Medicare, yet 42.1% reported considering dropping it, and 66.0% indicated they were likely or somewhat likely to stop accepting it in the future. While 97.6% viewed current Medicare reimbursement as unfair or very unfair, 88.8% reported a negative impact on their practice. Private and privademic surgeons were significantly more likely to consider dropping Medicare ($P < 0.001$) and less likely to currently accept it ($P < 0.001$). Willingness to advocate for reimbursement reform also varied by practice type ($P = 0.010$), with private and privademic surgeons more frequently reporting uncertainty compared to academic and hospital-employed surgeons. Years in practice were not associated with perceived impact on quality of care or reimbursement fairness ($P > 0.05$ for all).

DISCUSSION AND CONCLUSION:

Despite near-universal Medicare participation among adult reconstructive surgeons, there is widespread dissatisfaction with reimbursement and growing consideration of withdrawal. These findings highlight the threat to Medicare patient access and underscore the urgency of policy reform to sustain care for the aging population.

Variable	N = 213	%
Fellowship-trained adult reconstructive surgeon	180	84.5
Practice type		
Academic	27	12.7
Private	118	55.4
Privademic	38	17.8
Hospital-employed	29	13.6
Other	1	0.5
Annual TJA case volume		
<100	4	1.9
100-200	14	6.6
200-300	36	16.9
300-400	52	24.4
>400	107	50.2
Years in practice		
Mean (\pm SD)	15.7	± 9.3
Median (median, range)	14	2-40

N = number, % = percentage; TJA = total joint arthroplasty.

Variable	N = 213	%
Currently accepting Medicare	205	96.2
Considering dropping Medicare	88	42.1
Likelihood of dropping Medicare		
Very likely	66	31.1
Somewhat likely	74	34.9
Neutral	28	13.2
Somewhat unlikely	22	10.4
Very unlikely	22	10.4

N = number, % = percentage.

Variable	N = 213	%
Fairness of current reimbursement		
Very fair	0	0
Fair	1	0.5
Neutral	4	1.9
Unfair	75	35.2
Very unfair	133	62.4
Impact of reimbursement on practice		
Significant negative impact	122	57.3
Some negative impact	67	31.5
Neutral	20	9.4
Positive	4	1.9
Perceived impact on quality of care		
Greatly enhances	0	0
Somewhat enhances	3	1.4
No influence	111	52.1
Somewhat diminishes	65	30.5
Greatly diminishes	34	16.0

N = number, % = percentage.

Variable	N = 213	%
Willing to Advocate for Higher Reimbursement		
Yes	192	90.1
No	1	0.5
Unsure	20	9.4
Suggested Medicare policy improvements*		
Increase reimbursement rates	195	91.5
Performance-based incentives	86	40.4
Regional cost adjustments	69	32.4
Support for complex cases	169	79.3
Other	15	7.0
Anticipated patient consequences*		
Reduced access to care	203	95.3
Longer waiting times	195	91.5
Higher healthcare costs	95	44.6
Decline in overall outcomes	139	65.3
Other	2	0.9

N = number, % = percentage. * Multiple responses allowed.