

Learning Objectives

To understand surgeon reimbursements associated with transsphenoidal pituitary techniques

Introduction

Consistent with the need for healthcare accountability and transparency, the Center for Medicaid and Medicare Services published prices for physician services which have been analyzed in different specialties. There is however paucity of data focused on actual compensations for pituitary specialists performing transsphenoidal procedures.

Methods

Data was obtained from the Truven-MarketScan database and concurrent procedural codes identified microscopic (CPT-61548) and endoscopic (CPT-62165) transsphenoidal procedures. Procedure-specific reimbursements were compared among neurosurgeons and otolaryngologists.

Results

In total 4,449 cases of were studied. Neurosurgeons were involved 91.17% of cases while otolaryngologists were involved in 47.63%.

A neurosurgeon-only without an otolaryngologist cases represented 52.37% of all cases while otolaryngologist-only cases without a neurosurgeon represented 8.83%.

A combination of neurosurgeon-otolaryngologist was involved in 38.80% of cases.

Results (continued)

The overall mean reimbursement received by neurosurgeons performing transsphenoidal pituitary surgery procedures was \$2,793.50 (SD±1,846.41), and were significantly higher with neurosurgeon-only versus neurosurgeon-otolaryngologist combination [\$3,241.68 (SD±2,013.73) vs. \$2,188.48 (SD±1,378.99), p<0.001].

The mean reimbursements received by otolaryngologists were \$1,872.30 (SD±914.40), and did not differ between cases involving otolaryngologist-only versus neurosurgeon-otolaryngologist combination [\$1,831.63 (SD±968.16) vs. \$1,881.56 (SD±897.30), p=0.25].

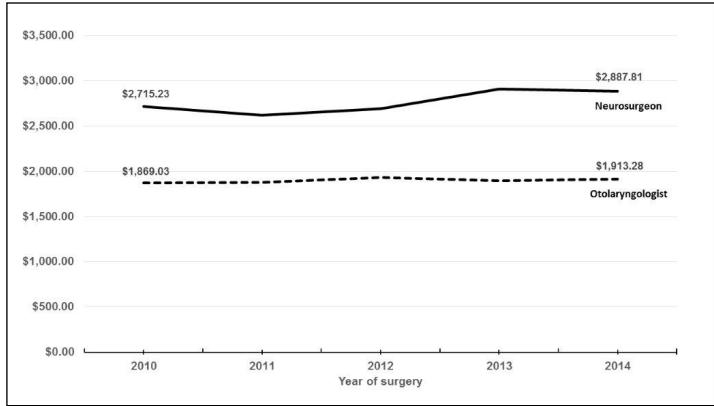
Analysis of temporal trends did not reveal a significant change over time in reimbursements received by neurosurgeons (p=0.20) or otolaryngologists (p=0.90).

Assessment of regional payments revealed that compared to the North-east region, neurosurgeon reimbursements were lower in the North-central and South (both p<0.001), but not significantly different in the West (p=0.38).

Regional differences in otolaryngologist reimbursements revealed significantly higher reimbursements in the North-central, South, and West (p<0.001) regions compared to the North-east.

Results (continued)

Figure 1 - Annual trends in surgeon reimbursements associated with transsphenoidal pituitary procedures



Conclusions

There is evidence of disparate reimbursements in transsphenoidal pituitary surgery – reimbursements are higher among neurosurgeons compared to otolaryngologists performing similar procedures.

These disparities are further accentuated by regional variations.

With the growing importance of cost-containment, there is need to fully understand drivers of disparate reimbursements.