

Temporal Analysis of Medicare Physician Reimbursement for Common Gastroenterology Procedures From 2007 to 2022

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Introduction

- As the U.S. population ages, gastroenterologists will provide care for an increasing number of older patients.
- Many of these patients use Medicare which covers 65 million people.
- Concerns about healthcare costs have led to legislation targeted at reducing spending for physician services.
- Medicare's payment system for physician services is built on a budgetary rate-setting system that does not account for the rising cost of care.
- Medicare reimbursement trends can elucidate the financial impact that gastroenterologists experience.
- Our study analyzes the trends in Medicare reimbursement of common gastrointestinal (GI) services from 2007 to 2022.

Methods

- Top 10 common GI procedures were identified through a joint list published by the American College of Gastroenterology, American Society of Gastrointestinal Endoscopy, and American Gastroenterological Association.
- Top 5 Current Procedural Terminology (CPT) codes from outpatient office and inpatient consult visits provided to Medicare Part B beneficiaries by gastroenterologists were identified.
- The Physician Fee Schedule Look-Up Tool from Centers for Medicare & Medicaid Services (CMS) was queried from 2007 to 2022 to determine the facility reimbursement rate by Medicare for each service.

Results

- Unadjusted physician reimbursement for GI procedures exhibited an average decrease of 7.0% (95% CI, -9.9% to -4.1%) from 2007 to 2022.
- Adjusted physician reimbursement for GI procedures decreased by 33.0% (95% CI, -35.1% to -30.9%).
- The adjusted change in physician reimbursement ranged from a decrease of 28.8% for esophagus endoscopy to 37.9% for colonoscopy and biopsy.
- The mean annual growth rate in reimbursement was -2.6% (95% CI, -2.8% to -2.4%).
- Adjusted physician reimbursement for patient visits exhibited a mean decrease of 4.9%

CPT Code	Procedure Description	Mean Unadjusted Total Percentage Change	Mean Total Percentage Change
Procedures			
43235	Upper GI endoscopy, diagnosis	-5.0%	-31.6%
43239	Upper GI endoscopy, biopsy	-9.8%	-35.1%
43246	Place gastrostomy tube	-11.0%	-36.0%
43248	Upper GI endoscopy/guide wire	-1.4%	-29.0%
43249	Esophagus endoscopy, dilation	-1.2%	-28.8%
45378	Diagnostic colonoscopy	-5.0%	-31.6%
45380	Colonoscopy and biopsy	-13.8%	-37.9%
45381	Colonoscopy, submucous injection	-8.7%	-34.2%
45384	Lesion remove colonoscopy	-6.3%	-32.5%
45385	Lesion removal colonoscopy	-7.7%	-33.5%
Office/Inpatient Visits			
99204	New patient office or other outpatient visit, typically 45 minutes	24.4%	-10.4%
99213	Established patient office or other outpatient visit, typically 15 minutes	60.8%	15.8%
99214	Established patient office or other outpatient, visit typically 25 minutes	49.5%	7.6%
99222	Initial hospital inpatient care, typically 50 minutes per day	13.6%	-18.2%
99232	Subsequent hospital inpatient care, typically 25 minutes per day	12.0%	-19.4%

Table 1 Mean adjusted reimbursement trends for GI procedures and inpatient/office visits from 2007 to 2022.

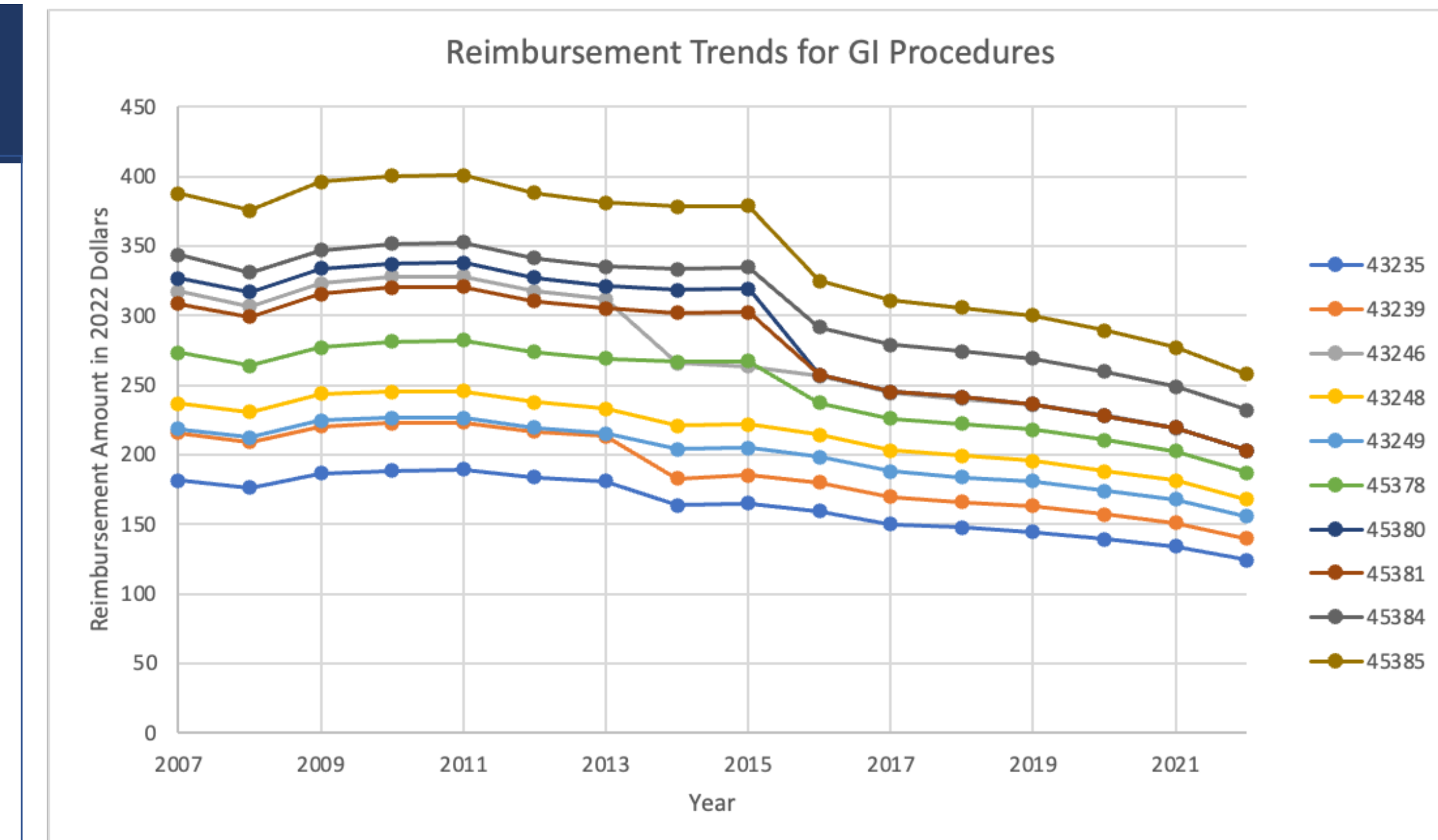


Figure 1 Inflation-adjusted reimbursement trends of the top 10 GI procedures from 2007-2021

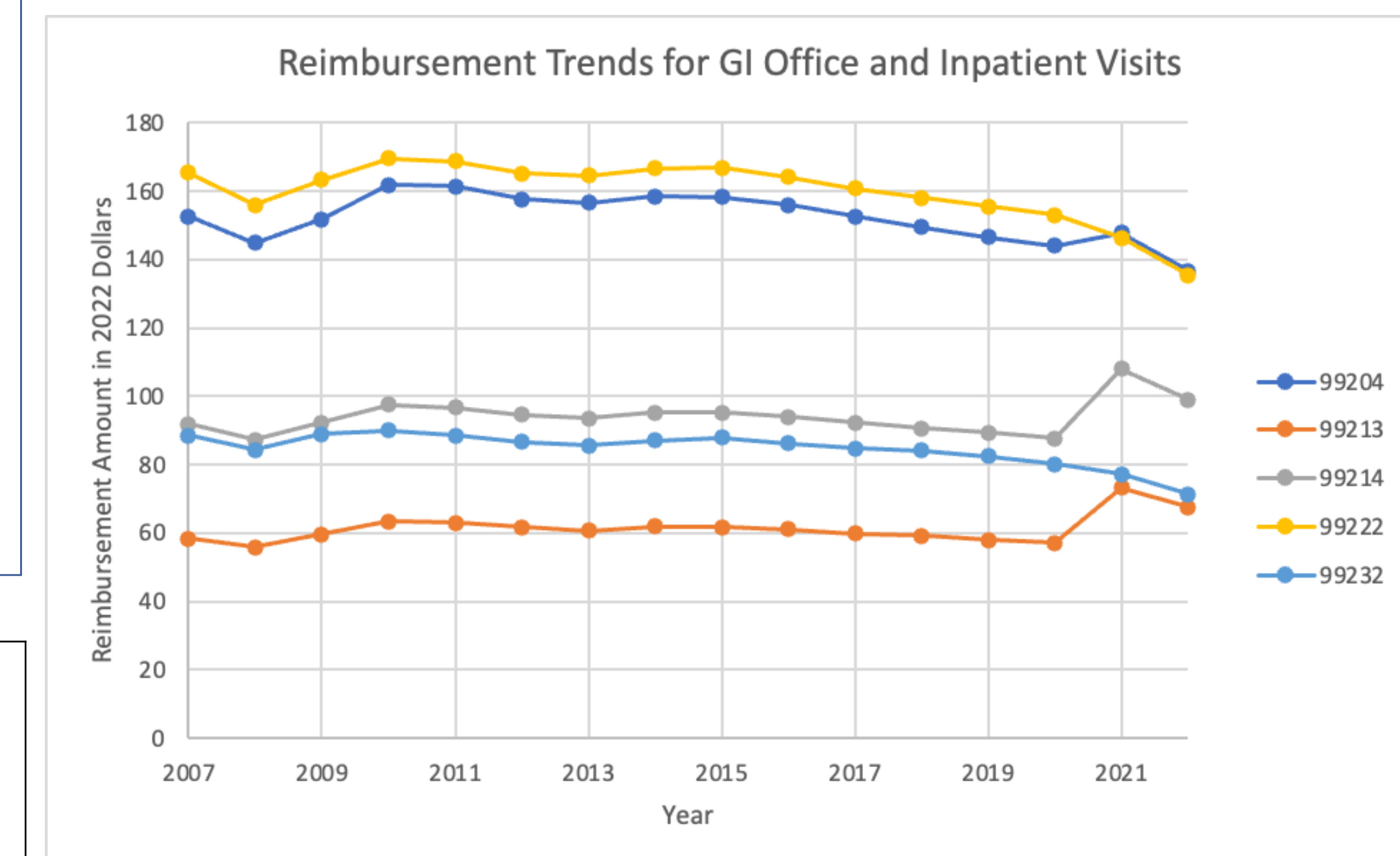


Figure 2 Inflation-adjusted reimbursement trends of patient visits from 2007-2021

Conclusions

- There was a steady decline in adjusted and non-adjusted reimbursement between 2007 and 2022.
- The largest declines in reimbursement for GI services examined in this study were seen after 2015.
- Given America's aging population, Medicare participants will continue to make up a substantial portion of GI patients.
- When Medicare reimbursements decrease, health outcomes, healthcare access, and patient satisfaction may be impacted, particularly in light of high inflation and increased costs due to staffing shortages, increased staffing salaries, and additional equipment necessary for COVID-19 safety.

For more information, see full publication: Changes in Medicare Reimbursement for Common Gastroenterology Services over 15 Years: 2007-2022. Am J Gastroenterol 2022;00:1-4. <https://doi.org/10.14309/ajg.0000000000002010>