

### Introduction

The Affordable Care Act has improved access to healthcare reducing uninsured from 20% in 2010 to 12% in 2016 through Medicaid expansion and the formation of subsidized healthcare insurance exchanges. Additionally, an emphasis on quality of care and reducing cost was placed on providers and insurers through provisions such as medical loss ratios and value based modifiers. It is unclear how the law has affected physician reimbursement in spine surgery. Our objective is to outline the current trends in reimbursement for spine surgery by insurer and spine area over the last 7 years.

### Methods

We collected charge data and payment received for all claims from the beginning of 2010 to the end of 2016 related to spine using all CPT codes related to spinal procedures. Payments received per each CPT code were used in the analysis. Payments were then categorized by insurer including Medicare, Medicaid, Private Insurer, and WC/NF. The most common CPT codes were then used to subcategorize by spine area including Thoracolumbar, Cervical, Functional, Grafting, and Injections. Claims were adjusted for inflation of medical care in the Northeast region

### Results

Yearly average payment after adjusting for inflation of medical care in the northeast area for all spine claims decreased by 13% from 2010 to 2016,  $p < .0001$ . Average reimbursement declined 25% from 2010-2013 ( $p < .0001$ ) and rose 3% from 2014-2016 ( $p = .2100$ ). Similar trends were seen among each insurer except for Medicaid which increased 8% from 2010-2016 ( $p = .6708$ ). Payments for the most common thoracolumbar procedures declined by 17% from 2010-2016 ( $p = .0004$ ). Similar injections declined 19% during that time period ( $p < .0001$ ) while cervical, functional and grafting procedures had no significant change.

### Conclusions

Since the Affordable Care Act was passed in 2010 total yearly average spine reimbursement has declined. The decline occurred primarily from 2010-2013 with increases occurring from 2014 to 2016 but not back to pre-ACA payments after adjusting for inflation. Many of the key provisions in the Affordable Care Act were implemented in 2014. Further analysis of national trends is needed to confirm the results in our area in New York.

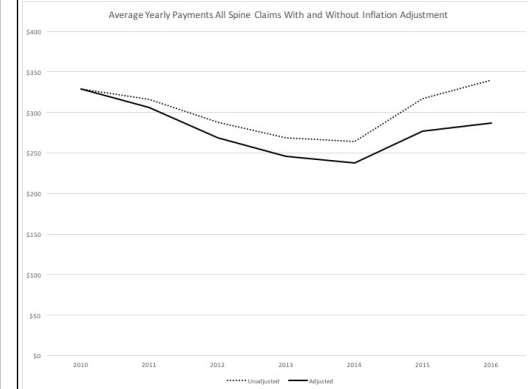
### Learning Objectives

By the conclusion of this session, participants should be able to 1. describe the overall reimbursement in spine surgery in western new York. 2. Be able to describe the similar trends by insurance type and spinal area. 3. Realize the need for future study in reimbursement and importance of political climate in overall reimbursement trends.

### References

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3. Collins S, Munira G, Doty M, Beutel S. How the Affordable Care Act Has Improved Americans' Ability to Buy Health Insurance on Their Own. *The Commonwealth Fund* 2017;5.
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### Average Yearly Payments All Spine Claims With and Without Inflation Adjustment



This graph demonstrates the decline in overall average payment for all spine claims by our practice in Western New York from 2010 to 2011 when adjusted for inflation of medical care in the Northeastern region, represented by the solid line. The overall decline primarily occurred from 2010 to 2013 when the majority of the Affordable Care Act provisions were not yet in effect. There was then a slight increase in average payment but not back to pre-ACA levels.